PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC -2 PM 1:01

DOCUMENT # P02000099246

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12/11/03--01040--018 **150.00

1. Corporation Name

ANGELS EMPIRE & INVESTMENT INC

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
3570 MAIN HWY	3570 MAIN HWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCONUT GROVE FL.	City & State: COCONUT GROVE FL
Zip: 33133 Country: U.S.A.	Zip: 33133 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 09-13-2002

5. FEI Number: 02-0650362 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: ANGEL PUENTES

Street Address (P.O. Box Number is Not Acceptable): 3570 MAIN HWY

Suite, Apt. #, Etc.:

City: COCONUT GROVE State: FL Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 12/01/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JUAN CARLOS GUERRERO	3570 MAIN HWY	COCONUT GROVE FL 33133
VP	ANGEL PUENTES	3570 MAIN HWY	COCONUT GROVE FL 33133
SC	JESUS GREGORIO	3570 MAIN HWY	COCONUT GROVE FL 33133

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ ANGEL PUENTES 12/01/03 305-461-2059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

12/01/03

FROM: ANGELS EMPIRE & INVESTMENT INC
3570 MAIN HWY
COCONUT GROVE FL. 33133

TO: FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT

RE: ANGELS EMPIRE & INVESMENT INC.
DOCUMENT # P02000099246

TO WHOM IT MAY CONCERN;

PLEASE BE ADVISED THAT THE REASON I FAILED TO COMPLETE THE ANUAL REPORT FOR ANGELS EMPIRE & INVESTMENT INC. WAS DUE TO THE FACT THAT THE ANUAL REPORT WAS MAILED TO MY PREVIOUS ADDRESS 13600 SW 107 AVE MIAMI, FL. 33176 AND IT WAS NEVER FORWARDED TO ME.

SINCERELY: