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

10 MAY -4 AM 10:52

DOCUMENT # P05000068487

1. Corporation Name

ANGEL'S CARPENTRY INC

000180283160
05/04/10--01052--022 **600.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1810 W KIRBY STREET	P.O. BOX 22121
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33604 Country: USA	Zip: 33622-2121 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 05/09/2005

5. FEI Number 20-3035160 ☐ 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: ARIEL DEARMAS

Street Address (P.O. Box Number is Not Acceptable): 1810 W KIRBY STREET

Suite, Apt. #, Etc.

City: TAmpa State: FL Zip Code: 33604

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Ariel Dearmas

REGISTERED AGENT MUST SIGN

Date 04/15/10

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
PST	ARIEL DE ARMAS	1810 W KIRBY STREET	TAMPA, FL 33604

REINSTATEMENT

B 5/6/10
02-10

10. **E-mail Address:** ANGELS CARPENTRY@HOTMAIL.COM
(To be used for future annual report notification)

11. 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. I further certify, 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: Ariel Dearmas ARIEL DEARMAS 04/15/10 813-781-5217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR