

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 10:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

600016069246

04/15/03--01048--013 \*\*450.00

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P 97 0000 20274

1. Corporation Name  
Angee & Associates, Inc.

2. Principal Office Address  
10250 SW 56 street

Suite, Apt. #, etc.  
Ste # A-202

City & State  
Miami, FL 33165

Zip  
33165

Country  
USA

3. Mailing Office Address  
10250 SW 56 street

Suite, Apt. #, etc.  
Ste # A-202

City & State  
Miami, FL 33165

Zip  
33165

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida  
2/28/1997

5. FEI Number  
65-0736485

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

7. Name and Address of Current Registered Agent

Name  
Jimmy Angee  
Street Address (P.O. Box Number is Not Acceptable)  
10250 SW 56 street  
Suite, Apt. #, Etc.  
Ste # A-202  
City  
Miami

State  
FL  
Zip Code  
33165

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 Date 3/24/03  
REGISTERED AGENT MUST SIGN

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
President	Jimmy Angee	3914 SW 154 Place	Miami, FL 33185

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: Jimmy Angee 3/24/03 (805) 279-7550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20 4/16



## **Angée & Associates, Inc.**

Miami, March 24, 2003.

Florida Department of State  
Secretary of State  
Division of Corporation  
409 East Gaines Sheet  
Tallahassee, FL 32399.

To Whom It May Concern:

This letter is to inform you that our office changed locations back on January 2001. Since that date we have not received any correspondence or notices regarding the Department of State.

Please make a note of our new address: 10250 SW 56 ST, Suite A -202. Miami, FL 33165.

Thank you.

Jimmy Angee.

A Licensed Mortgage Brokerage Business

10250 SW 56 St. # D-201 - Miami, Florida 33165  
Tel: 305.279.7550 Fax: 305.279.7725 - Tampa-Orlando 1.888.404.7550