

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 28 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000020274

1. Corporation Name

ANGEER AND ASSOCIATES, INC.

2. Principal Office Address

7950 WEST FLAGLER

Suite, Apt. #, etc.

105

City & State

MIAMI, FL.

Zip

33144

Country

DADE

3. Mailing Office Address 7950

WEST FLAGLER ST.

Suite, Apt. #, etc.

105

City & State

MIAMI, FL.

Zip

33144

Country

DADE

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

02/28/97

5. EEI Number

65-0736485

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$875 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JIMMY ANGEER

700024184927

10/28/03--01006--020 \*\*758.75

Street Address (P.O. Box Number is Not Acceptable)

7950 WEST FLAGLER ST.

Suite, Apt. #, Etc.

105

City

MIAMI

State

FL

Zip Code

33144

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

10/22/03

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
<u>PD</u>	<u>JIMMY ANGEER</u>	<u>7950 WEST FLAGLER ST. SUITE 105</u>	<u>MIAMI, FL. 33144</u>

10/31

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/22/03

Daytime Phone #

705-229-7550

CR2E081 (10/02)