

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000149327

Entity Name: 3 ANGELS COUNTERTOPS, INC.

FILED
Oct 13, 2008
Secretary of State

Current Principal Place of Business:

6419 W. PARIS ST.
TAMPA, FL 33634

New Principal Place of Business:

2108 WEST CLUSTER AVENUE
TAMPA, FL 33604

Current Mailing Address:

6419 W. PARIS ST.
TAMPA, FL 33634

New Mailing Address:

2108 WEST CLUSTER AVENUE
TAMPA, FL 33604

FEI Number: 20-5982639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERDA, JUAN L
6419 W. PARIS ST.
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JUAN L. CERDA

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: CERDA, JUAN L
Address: 6419 W. PARIS ST.
City-St-Zip: TAMPA, FL 33634 US

Title: P () Delete
Name: CERDA, MYRNA A
Address: 6419 W. PARIS ST.
City-St-Zip: TAMPA, FL 33634 US

Title: ASSO () Delete
Name: MALAVE, MELVIN PARTNER
Address: 2108 W. CLUSTER AVE.
City-St-Zip: TAMPA, FL 33604 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN MALAVE

ASSO

10/13/2008

Electronic Signature of Signing Officer or Director

Date