

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR - 1 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 01000006378

1. Corporation Name

The Alliance of Guardian Angels, Inc.

2. Principal Office Address - No P.O. Box #

717 5th Ave

3. Mailing Office Address

717 5th Ave

Suite, Apt. #, etc.

Suite 401

Suite, Apt. #, etc.

Suite 401

City & State

New York, NY

City & State

New York, NY

Zip

10022-8118

Country

New York

Zip

10022-8118

Country

New York

7. Name and Address of Current Registered Agent

Name

Craig, William

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

2838 Sweetspire Circle

Suite, Apt. #, Etc.

City

Kissimmee

State

FL

Zip Code

34746

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

William Craig

Date *2/26/08*

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
<i>Pres</i>	<i>Curtis Sliwa</i>	<i>717 5th Ave Suite 401</i>	<i>New York, NY 10022</i>
<i>Secy</i>	<i>Frances Sliwa</i>	<i>717 5th Ave Suite 401</i>	<i>New York, NY 10022</i>
<i>V</i>	<i>Aleta St. James</i>	<i>881 - 10th Ave</i>	<i>New York, NY 10022</i>

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03/05/08--01037--001 **122.50
300119479073
04/01/08--01016--019 **70.00

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 contained in Chapter 119, 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:

Curtis Sliwa

CURTIS SLIWA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *2/26/08*

Daytime Phone # *212 223-8868*

REINSTATEMENT

CR2E081 (12/07)

08-08
KS

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2001

5. FEI Number

11-2592739

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.