

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 OCT -4 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/09/02--01043--028
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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K62805

1. Corporation Name
ANGELA COURT, INC.

2. Principal Office Address 1025 SEVILLA AVENUE		3. Mailing Office Address 1025 SEVILLA AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES, FLORIDA		City & State CORAL GABLES, FLORIDA	
Zip 33134	Country DADE	Zip 33134	Country DADE

4. Date Incorporated or Qualified To Do Business in Florida **01/27/1989**

5. FEI Number **65-0103271**

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

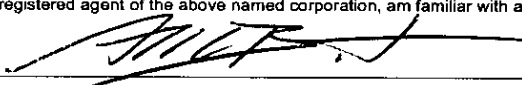
Name **ALDO C. BUSOT**

Street Address (P.O. Box Number is Not Acceptable) **819 NORTH GREENWAY DRIVE**

Suite, Apt. #, Etc.

City **CORAL GABLES, FLORIDA** State **FL** Zip Code **33134**

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 **9-27-02**

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
PD	BUSOT, FLORENCIO OTTO	1025 SEVILLA AVENUE	CORAL GABLES, FL 33134
VP/D	BUSOT, ALDO C	819 NORTH GREENWAY DRIVE	CORAL GABLES, FL 33134

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:  **F.O. BUSOT** Date **9/27/02** Daytime Phone # **305-460-4454**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)

js 10/4/02