

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 24 AM 11:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
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 Country
33134 DADE

Zip Country
33134 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

REINSTATEMENT 03-04

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

900030963379
03/24/04--01014--006 **300.00

Suite, Apt. #, Etc.

City
CORAL GABLES

State Zip Code
FL 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

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, FLORIDA
VP/D	BUSOT, ALDO C	819 NORTH GREENWAY DRIVE	CORAL GABLES, FLORIDA

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. Otto Busot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/04
Date

305-460-4454
Daytime Phone #

CR2E081 (01/04)

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**FLORENCIO O. BUSOT
1025 SEVILLA AVENUE
CORAL GABLES, FLORIDA 33134**

March 19, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

I would like to request the waiver of the reinstatement fees. Please note that I did not receive the filing form for last year resulting in the administrative dissolution. Attached is the corporation reinstatement form and the \$150.00 filing fee for last year. Also attached is the 2004 filing fee of \$150.00, for a total of \$300.00.

Please contact me if I need to take any additional steps. Thank you for your consideration in this matter.

Sincerely,



Florencio O. Busot