

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JUN 17 PM 4:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000009116

1. Limited Liability Company's Name

Angel & Angel LLC

2. Principal Office Address

P.O. Box 15683

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip
33318

Country

Broward

3. Mailing Office Address

P.O. Box 15683

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33318

Country

Broward

2001-2002

MJH

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

July 25/2000

6. FEI Number

651030768

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAIRO ALONSO

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

7610 NW. 67th Avenue

Suite, Apt. #, Etc.

City

Tamarac, FL

State

FL

Zip Code

33321

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

04/25/02

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ALONSO, JAIR	7610 NW. 67th Ave.	Tamarac, FL. 33321
MEM	ANGEL, VICTOR H.	7610 NW. 67th Ave.	Tamarac, FL. 33321
			150.00 - Adm
			50.00 - CF
			5.00 - Cert

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date 04/25/02

Daytime Phone# (954)673-5045

Typed or printed name of signing Managing Member/Manager

ALONSO JAIR

CR2E041 (9/01)