

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

L02000026382

FILED
03 NOV 19 AM 9:26
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026382

Name and Mailing Address

0008608 01 AT 0.292 **AUTO T1 0 0615 33318-643232



ANGEL REAL ESTATE INVESTMENT, LLC
P.O. BOX 16432
PLANTATION FL 33318-6432

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2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business P.O. BOX 16432 PLANTATION FL 33318		5. Date Organized or Qualified To Do Business in Florida 10/07/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH FL 33139		9. Name and Address of New Registered Agent Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Southwest 22 Street, 4th Floor City Miami FL Zip Code 33145	
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10. 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 By: Natalia Utrera **SIGNATURE REQUIRED** Date 11/18/03
Natalia Utrera, Vice President

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JEAN, ELSIE	P.O. BOX 16432	PLANTATION FL 33318

REINSTATEMENT 2003

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12. 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 Elsie Jean **SIGNATURE REQUIRED** Date 10/31/03 Daytime Phone # 954-882-4550

Typed or printed name of signing Managing Member/Manager ELsie JEAN