

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 23 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

800125146108
04/23/08--01002--018 **516.25

CR2E041 (12/07)

DOCUMENT # **L050000093806**

1. Limited Liability Company's Name

Angel Hands LLC

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

507 SE 7th Ave

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

Zip

33441

Country

USA

3. Mailing Office Address

507 SE 7th Ave

Suite, Apt. #, etc.

City & State

Deerfield Bch, FL

Zip

33441

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

9/15/05

6. FEI Number

16-1734161

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

Brenda Chingpoo

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

507 SE 7th Ave

Suite, Apt. #, Etc.

City

Deerfield Bch

State

FL

Zip Code

33441

☐ A \$100 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 \$100
reinstatement be waived.

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

B. Chingpoo

REGISTERED AGENT MUST SIGN

Date

4/10/08

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
mg1	Brenton Chingpoo	3248 Arden Villas Blvd, Apt # 41	Orlando, FL 32817

REINSTATEMENT **04-08**

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

B. Chingpoo

Date

4/10/08

Daytime Phone #

954 818 7455

Typed or printed name of signing Managing Member/Manager

Brenda Chingpoo