

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 OCT 31 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L54750

1. Corporation Name

ANGEL INVESTMENTS, INC.

Principal Place of Business
12140 DARWING DRIVE., #17
ORLANDO FL 32826

Mailing Address
12140 DARWING DRIVE., #17
ORLANDO FL 32826



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|--|---------|--|---------|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

P.O. Box 678511
Orlando, FL
32867-8511 *US*

| | |
|---|--|
| 4. Date Incorporated or Qualified To Do Business in Florida | 03/05/1990 |
| 5. FEI Number | 59-2999127 |
| 6. CERTIFICATE OF STATUS DESIRED | <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status |

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|---|--------------------|
| PSTD | DEL VALLE, LUIS C | 12140 DARWING DRIVE., #17 | ORLANDO FL 32826 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

700002337187--8
-11/04/97--01023--002
****750.00 ****750.00

REINSTATEMENT *97*
A. Law
10/31/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

| | | | |
|--|--|---|----------------------|
| DEL VALLE, LUIS C 12140 DARWING DRIVE., #17 ORLANDO FL 32826 | | Name 700002337187--8 -11/04/97--01023--003 ****750.00 ****750.00 | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | State FL Zip Code |

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Del Valle
REGISTERED AGENT MUST SIGN

Date *Oct 30/97*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Del Valle
LUIS C DEL VALLE

Date

Daytime Phone #

10-30-97 *8769-3131*

CR2ED40 (8/97)