

L990000001113

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 APR 28 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L99000001113

1. Limited Liability Company's Name

Angel Fire, LLC

2. Principal Office Address

5347 Main Street

Suite, Apt. #, etc.

Suite 100

City & State

New Port Richey, FL

Zip

34652

Country

Pasco

3. Mailing Office Address

5347 Main Street

Suite, Apt. #, etc.

Suite 100

City & State

New Port Richey, FL

Zip

34652

Country

Pasco

4/28 2002-2003  
4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified  
To Do Business in Florida

2/26/99

6. FEI Number

59-3559116

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

James F. Gulecas, Esquire

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

2555 Enterprise Road

Suite, Apt. #, Etc.

Suite 15

City

Clearwater

State

FL

Zip Code

33763

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

4/25/03

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
MEMBER	Frederick A. Hauber	5347 Main St, Suite 100	New Port Richey, FL 34652

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

4-21-03

Daytime Phone #

(727) 847-4448

Typed or printed name of signing Managing Member/Manager

Frederick A. Hauber

CR2E041 (10/02)