

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000000455

1. Corporation Name

ANGELHEART ACRES, INCORPORATED

Principal Place of Business

171 NE CAPRONA AVE.
PORT ST. LUCIE FL 34983

Mailing Address

171 NE CAPRONA AVE.
PORT ST. LUCIE FL 34983

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/18/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	Patricia Tania	171 NE Caprona Ave Port St Lucie FL 34983	Port St Lucie FL 34983
V.P/D	Michelle Tania	171 NE Caprona Ave Port St. Lucie FL 34983	Port St Lucie FL 34983
Sec/D	Michele M. Williams	297 NE Orchard St	Port St Lucie FL 34983

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*****297.50 *****297.50

8. Name and Address of Current Registered Agent

MADDEN, JOHN W

759 S. FEDERAL HWY, STE. 212

STUART FL 34994

9. Name and Address of New Registered Agent

Name

Patricia Tania

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

171 NE Caprona Ave

Suite, Apt. #, Etc.

City

Port St. Lucie

State

FL

Zip Code

34983

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

Patricia Tania
REGISTERED AGENT MUST SIGN

Date

3/21/02

11. 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:

Patricia Tania
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/21/02 772-879-9826

Daytime Phone #

CR2E040 (8/01)