

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00000002657**

1. Corporation Name

ANGEL BABIES FOREVER LOVED, INC.

Principal Place of Business

5683 LINCOLN CIRCLE EAST
LAKE WORTH FL 33463
US

Mailing Address

PO BOX 243196
BOYNTON BEACH FL 33424

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/21/2000

5. FEI Number

65-1015098

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P/T	NOVAK, TAMMY	11211 S. MILITARY TRAIL #3914	BOYNTON BEACH FL 33436
S/D	NATARELLI, JESSICA	5601 HOLATEE TRAIL	FT. LAUDERDALE FL 33330
D	BISKUP, MARTHA	1436 NW 154 AVE	PEMBROKE PINES FL 33028
S	Zentz, Shannon	9439 96 th Place South	Boynton Beach, FL
D	BELL, MINDI	1512 BOWMAN S TRAIL	LAKELAND FL 33809 33437
D	BURGESS, LAWANNA	365 71ST AVENUE	ST PETE BEACH FL 33706
400025527314 12/16/03--01044--005 **236.25			

8. Name and Address of Current Registered Agent

NOVAK, TAMMY
5683 LINCOLN CIRCLE EAST
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/8/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/8/03

Date

Daytime Phone #

561-967-2577

CR2E040 (7/03)