

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300108197193

08/16/07--01036--009 **\$1.25

DOCUMENT # **No1000002456**

1. Corporation Name

Missing Angels Inc.

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

20533 Biscayne Blvd

Suite, Apt. #, etc.

Suite # 4137

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

20533 Biscayne Blvd

Suite, Apt. #, etc.

Suite # 4137

City & State

Aventura, FL

Zip

33180

Country

USA

06/19/07 01053 003 \$481.25
REINSTATEMENT 02-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2004

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Natalie Jimenez

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

20533 Biscayne Blvd.

Suite, Apt. #, Etc.

Suite # 4137

City

Aventura

State

FL

Zip Code

33180

☐ The 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Natalie Jimenez
REGISTERED AGENT MUST SIGN

Date 7/31/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-T-D	Natalie Jimenez	20533 Biscayne Blvd. #4137	Aventura, FL 33180
V-S-D	Angela Jimenez	20533 Biscayne Blvd #4137	Aventura, FL 33180
D-C	Alexander Cantwell	315 N Birch Rd.	Ft Lauderdale, FL 33304
D-M	Adonis Sardiñas	4825 E. 8th Lane	Hialeah, FL 33015
Ⓢ	Debra G. G. G.	20533 Biscayne Blvd #4137	
Ⓢ	Please See Back of this Paper		

10. 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 contained in Chapter 119, 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:

Natalie Jimenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/07

Date

Daytime Phone #