

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 SEP -4 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ND2000001288

1. Corporation Name

Angel Society U.S.A., INC

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

18950 S.W. 164 RD

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 940171

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33187

Country

DADE

Zip

33194

Country

DADE

600160344506

09/04/09--01003--010 **183.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

02-21-2002

5. FEI Number

753016557

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

MARISA CARD

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

18950 S.W. 164 RD

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/01/09

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
DP	CARD MARISA	18950 S.W. 164 RD FL 33187	MIAMI FL 33187
D	Pedro SUAREZ	15151 S.W. 192 Ave	MIAMI FL 33186
O	Nicole Marchant	P.O. Box 940171	MIAMI FL 33194
O	Nicholas Marchant	P.O. Box 940171	MIAMI FL 33194
D	Orlando Columbie	7903 S.W. Grand Canal Dr. W	MIAMI FL 33174

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:

[Signature] MARISA CARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-01-09

Date

(786) 344-7781

Daytime Phone #

7/8w