
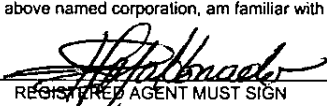
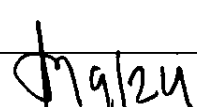
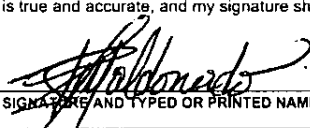


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 SEP 24 AM 10:59 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA 900136464109 09/30/08--01003--002 **157.50 REINSTATEMENT 07-08
DOCUMENT # N06000002294 1. Corporation Name <div style="text-align: center; font-size: 1.2em; margin-top: 10px;"> ANGEL PARADISE INC. </div>			
2. Principal Office Address - No P.O. Box # 15501 Bruce B downs Blvd Suite, Apt. #, etc. #2708 City & State Tampa, FL Zip 33647 Country USA		3. Mailing Office Address 15501 Bruce B downs Blvd Suite, Apt. #, etc. #2708 City & State Tampa, FL Zip 33647 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 3-1-2006 5. FEI Number 04-3848080 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Maldonado Islaine Street Address (P.O. Box Number is Not Acceptable) 15501 Bruce B downs Blvd Suite, Apt. #, Etc. #2708 City Tampa State FL Zip Code 33647			
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  Date 9-22-08 REGISTERED AGENT MUST SIGN			
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	Islaine Maldonado	15501 Bruce B downs Blvd	Tampa, FL 33647
V-P	Emmanuel In Baptiste	344 SW 15TH ST Unit 4	Pompano Beach, FL 33060
T	Murielle Similien	PO Box 2881	Riverview, FL 33568
S	Lunise Chery	15153 NE 6th Ave	N Miami Beach, FL 33162
			
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:  Maldonado Islaine 9-22-08 813-727-3504 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			