## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N08000009183

FILED Oct 11, 2009 Secretary of State

Entity Na	me: ANGELIC PROFESSIONAL SERVICI	E, INC		
Current P	rincipal Place of Business:	New Principal Plac	e of Business:	
	RAGUT STREET DOD, FL 33020			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	RAGUT STREET DOD, FL 33020			
	ce with s. 607.193(2)(b), F.S., the corporation did		Certificate of Status Desired ( )	
Name and	I Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
3311 NW (	M, ELLEN T P 6TH COURT JDERDALE, FL 33311 US			
The above in the State	named entity submits this statement for the of Florida.	e purpose of changing its register	ed office or registered agent, or both,	
SIGNATIII	RE: ELLEN T. GOODRUM			
SICINATO	Electronic Signature of Registered A	Agent	 Date	
OFFICERS AND DIRECTORS:		-	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete GOODRUM, ELLEN T 3311 NW 6TH COURT FORT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( ) Delete THOMPSON-BRANCH, AYESHA L 551 NW 42ND AVENUE PLANTATION, FL 33317	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delete KNOWLES, KATRINA R 409 NW 18TH AVENUE FORT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete KNOWLES, KEITH F SR 3311 NW 6TH COURT FORT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLEN T. GOODRUM RA 10/11/2009