

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N99000007538

1. Corporation Name

HEALING ANGELS CORPORATION

Principal Place of Business

Mailing Address

1107 THORNWOOD DRIVE
OLDSMAR FL 34677

1107 THORNWOOD DRIVE
OLDSMAR FL 34677

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1999

5. FEI Number

59-3621694

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	SKLARUK, MICHAEL T	1107 THORNWOOD DRIVE	OLDSMAR FL 34677
VPD	MARSH, GAIL	2504 RIDGEWOOD DRIVE	TAMPA FL 33602
SD	SKLARUK, ANNEMARIE	1107 THORNWOOD DRIVE	OLDSMAR FL 34677
			400004719524--9 -12/11/01--01080--013 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SKLARUK, MICHAEL T
1107 THORNWOOD DRIVE
OLDSMAR FL 34677

Name

Annemarie Sklaruk

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

1107 Thornwood Drive

Suite, Apt. #, Etc.

City

Oldsmar

State

FL

Zip Code

34677

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.

Signature of
Registered Agent

Annemarie Sklaruk

REGISTERED AGENT MUST SIGN

Date

11/30/01

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: Annemarie Sklaruk -- Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/30/01

HEALING ANGELS CORPORATION
1107 Thornwood Drive
Oldsmar, FL 34677
(813) 855-5931

November 30, 2001

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Healing Angels Corporation

Gentlemen:

Please accept my apologies for not being able to comply with the 2001 Business Report in a timely fashion.

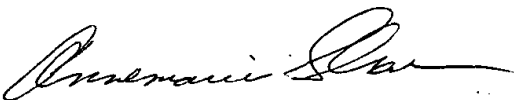
My husband and I were out of the state and country since the beginning of the year. Mail was supposed to have been forwarded to our attorney, however, the person we left in charge to accomplish that was unreliable.

We only have \$50 in our Healing Angels bank account. That was a reimbursement of fees by First Union Bank to me which I asked them to use to open the account. Since our attorney did not properly complete our application for a 501(c)3, we never started collecting funds for the corporation. There were no fund raising events, nor were there any expenditures incurred.

If you are in need of a report, please send me the proper form and I will be happy to fill it out with the above information.

I am herewith enclosing my personal check for \$61.25 and ask that the corporation not be dissolved and that re-instatement fees be waived under the circumstances.

Happy Holidays,



Annemarie Sklaruk
Secretary