


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|-------------------------------------|---|--|
| APPLICATION FOR REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|-------------------------------------|---|--|

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:45

DOCUMENT # P00000007990

1. Corporation Name

ANGELINI CONSULTING, INC.

Principal Place of Business

Mailing Address

8080 CEDAR HOLLOW LANE
BOCA RATON FL 33433

8080 CEDAR HOLLOW LANE
BOCA RATON FL 33433



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 | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01/18/2000 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | -65-0981963 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |
| | | | | \$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 |
|-------------|--------------------------------------|---|-----------------------|
| P | Donald Angelini | 8080 Cedar Hollow Ln | Boca Raton FL 33433 |
| VST | Lou Ann Angelini | 8080 Cedar Hollow Ln | Boca Raton FL 33433 |
| | | | 800004685018--8 |
| | | | -11/16/01--01046--003 |
| | | | ***150.00 ***150.00 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ANGELINI, LOU ANN
8080 CEDAR HOLLOW LANE
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/25/01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561
10-25-2001 852-
2347

Angelini Consulting, Inc.
8080 Cedar Hollow Lane
Boca Raton, Fl 33433

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations

Re: P00000007990 Angelini Consulting, Inc.

I just received this Application for Reinstatement; this is the first letter I have received from you since we became a corporation. My husband has been working under contract for Mancini Corp; for the past two years. So he has not been an independent contractor this year.

While I was talking to the girl from your office and listening to your recording they mentioned a Uniform Business Report. Could you please send me a copy of this so I will know what it is?

I have filled out the form required and am enclosing the \$150.00.

Thank you,

Ann Angelini Consulting, Inc.