

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000007990

1. Corporation Name

ANGELINI CONSULTING, INC.

Principal Place of Business

827 26TH STREET  
NEW SMYRNA BEACH FL 32169

Mailing Address

827 26TH STREET  
NEW SMYRNA BEACH FL 32169

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/18/2000

5. FEI Number

65-0981963

☒ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ANGELINI, DONALD	827 26TH STREET	NEW SMYRNA BEACH FL 32169
VST	ANGELINI, LOU ANN	827 26TH STREET	NEW SMYRNA BEACH FL 32169

REINSTATEMENT

8. Name and Address of Current Registered Agent

ANGELINI, LOU ANN  
827 26TH STREET  
NEW SMYRNA BEACH FL 32169

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Lou Ann Angelini*  
REGISTERED AGENT MUST SIGN

Date 11-8-03

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:

*Donald Angelini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-03

Date

386-423-6642

Daytime Phone #

CR2E040 (7/03)

20f2

Department Of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314

This is to Reinstate our Corporation, I didn't receive any prior notices until this one. We were living in NC until recently, while my husband was on contract there. I guess it never got forwarded up to us. We are here in Florida now.

Thank you



Lou Ann Angelini  
Angelini Consulting, Inc.