

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUL 11 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/12/02--01017--024
****750.00 ****750.00

REINSTATEMENT 01-02

DOCUMENT #

1. Corporation Name

Angle Construction, Inc.

90000055676

2. Principal Office Address

3622 Wayne Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

677 Lake Dexter Cir.

Suite, Apt. #, etc.

City & State

Wakeland, FL.

City & State

Winter Haven, FL.

Zip

33810

Country

Polk

Zip

33884

Country

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

5/8/01

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robin L. Angle

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

677 Lake Dexter Circle

Suite, Apt. #, Etc.

City

Winter Haven, FL.

State
FL

Zip Code

33810

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

Robin L. Angle

REGISTERED AGENT MUST SIGN

Date 6/2/02

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
Pres.	Michael P. Jarvis	2012 Leisure Dr.	Winter Haven, FL 33881
V-P	Robin L. Angle	677 Lk. Dexter Cir.	Winter Haven, FL 33884
Sec.	Robin L. Angle	677 Lk. Dexter Cir.	Winter Haven, FL 33884
Treas.	Michael A. Angle	677 Lk. Dexter Cir.	Winter Haven, FL 33884

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 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:

Robin L. Angle

Robin L. Angle

6/2/02

(863)859-0364

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/11/02