

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 AUG 15 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000083686

1. Corporation Name

ANGEL'S AWNING CORP

REINSTATEMENT 03-06

2. Principal Office Address

760 W 70 PL

Suite, Apt. #, etc.

3. Mailing Office Address

760 W 70 PL

Suite, Apt. #, etc.

City & State

HIALEAH, FL

City & State

HIALEAH, FL

Zip  
33014

Country  
USA

Zip  
33014

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

09/02/2000

5. FEI Number

65-1036855

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

ESTEBAN ROMAN

000078989840

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

760 W 70 PL

03/22/06--01024--005 \*\*600 00

Suite, Apt. #, Etc.

City

HIALEAH,

State

FL

Zip Code

33014

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

Date

REGISTERED AGENT MUST SIGN

**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
PD	Esteban ROMAN	760 W 70 PL	HIALEAH, FL 33014
V	Norayvis H. PAULIN	760 W 70 PL	HIALEAH, FL 33014

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 contained in Chapter 119, 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

07/25/2006

Date

Daytime Phone #

282

Miami, July 25, 2006

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

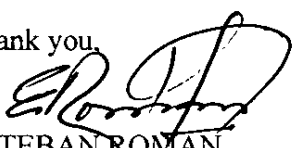
RE: P00000083686  
Reinstatement for ANGEL'S AWNING CORP

To Whom It May Concern:

As per my phone conversation on July 23, 2006, please enclosed herein please find Corporation Reinstatement report and check # 2276 in the amount of \$600.00

Furthermore, please be informed that our address has changed and consequently we never received correspondence from the Division of Corporation. Apologizing for this inconvenience and hope that the Corporation is reinstated it.

Thank you,

  
ESTEBAN ROMAN  
760 W 70 PL  
HIALEAH, FL 33014