

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -3 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000084067
1. Corporation Name
ANGEL HEAVEN, INC.

WOW-2384

2. Principal Office Address
1325 SNELL ISLE BLVD. JT. SAME

Suite, Apt. #, etc.

205 F

City & State

ST. PETERSBURG, FL

Zip
33704

Country

PINELLAS

3. Mailing Office Address

Suite, Apt. #, etc.

11

City & State

FL

Zip

SAME

Country

SAME

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

9/6/2000

5. FEI Number

657040149

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

JAMES P. DURKIN, ATTORNEY

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

2605 EAST ATLANTIC BLVD

Suite, Apt. #, Etc.

SUITE 201

City

POMEROY BEACH,

State

FL

Zip Code

33062

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

James P. Durkin

REGISTERED AGENT MUST SIGN

Date 1/5/05

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. DIR.	FARRIS JEFFREY RANALL	1325 SNELL ISLE BLVD. ST. PETERSBURG SUITE 205F	FLORIDA 33704
		900044771149 02/16/05--01001--001 **150.00	
		900044771149 01/14/05--01024--019 **908.75	

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:

James P. Durkin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/05

Date

722-894-6093

Daytime Phone #

CR2E081 (01/04)