

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JUL 25 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000102083

1. Corporation Name

Angels Xpress Services, CORP.

2. Principal Office Address

1500 SW 194 Terr.

Suite, Apt. #, etc.

N/A

City & State

Pembroke Pines, FL.

Zip
33029

Country

Broward

3. Mailing Office Address

1500 SW 194 Terr.

Suite, Apt. #, etc.

N/A

City & State

Pembroke Pines, FL.

Zip
33029

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

10-26-00

5. FEI Number

05-1066067

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

Maria T. Gomez

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

4215 N.W. 197 St.

Suite, Apt. #, Etc.

N/A

City

Miami

State

FL

Zip Code

33055

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/23/03

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
P	Maria T. Gomez	4215 N.W. 197 St.	Mia, FL 33055

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/03

Date

786-286-6171

Daytime Phone #

CR-2E081 (10/02)



Angel's *Xpress* Services Corp.

July 23, 2003

Department of State
Division of Corporations

Re: Corporation Reinstatement / FEI No. 65-1066067

To Whom It May Concern:

Enclosed you have Angel's Xpress Services Reinstatement Form and a check for \$308.75.

I never received the "Uniform Business" Form for the year 2002. Therefore, please waive the late fees.

Thank you.

Sincerely,

Maria T Gomez
President

1500 Southwest 194th Terrace, Pembroke Pines, Florida 33029
Phone: 954-605-5723 / 786-286-6171