

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000001043

1. Corporation Name

ANGEL & ASSOCIATES ENTERPRISE OF TAMPA, INC.

Principal Place of Business

Mailing Address

12718 DUNHILL DRIVE
TAMPA FL 33624

12718 DUNHILL DRIVE
TAMPA FL 33624

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB -8 AM 10:47

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

2. New Principal Office Address, if Applicable

P.O. Box 271688
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/2000

5. FEI Number

59-3680339

Applied For

Not Applicable

City & State

Tampa FL

City & State

Zip

33688

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TEWKSBURY, SAWSAN	12718 DUNHILL DRIVE	TAMPA FL 33624
			400004916694--1 -02/13/02--01088--014 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

TEWKSBURY, SAWSAN
12718 DUNHILL DRIVE
TAMPA FL 33624

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.

Signature of
Registered Agent

San Telesbury

REGISTERED AGENT MUST SIGN

Date

1/1/02

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:

San Telesbury

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/1/02

Date

(813)962-1580

Daytime Phone #