

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

POC # P01000024315
ANGELO SALVATORE, INC.

2. Principal Office Address

111 N.W. 12 AVE.

3. Mailing Office Address

111 N.W. 12 AVE.

Suite, Apt. #, etc.

3BB25

Suite, Apt. #, etc.

3BB25

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33126

Country

U.S.A.

Zip

33126

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3-08-2001

5. FEI Number

65-1151916

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

ANGELINA LICEA

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

9240 S.W. 18TH COURT

100008840481

11/06/02--01141--007 **150.00

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33156

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

ANGELINA LICEA

REGISTERED AGENT MUST SIGN

Date

11-05-2002

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	ANGELINA LICEA	9240 S.W. 18 CT.	MIAMI, FL. 33156
T	ANGELINA LICEA	9240 S.W. 18 CT.	MIAMI, FL. 33156
S	ANGELINA LICEA	9240 S.W. 18 CT.	MIAMI, FL. 33156
VP	ANGELINA LICEA	9240 S.W. 18 CT.	MIAMI, FL. 33156
		DL UBR	TS

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

ANGELINA LICEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-05-2002

Daytime Phone #

305.266.6266

CR2E081 (8/01)

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ANGELO SALVATORE FAX COVER SHEET

Miami Merchandise Mart
777 N.W. 72nd. Ave.
Suite # 3BB25
Miami, FL 33126
Tel/Fax: 305.266.6266

Send to: FLORIDA DEPARTMENT OF STATE	From: ANGELINA LICEA
Attention: DIVISION OF CORPORATIONS	Date: 11-5-2002
Office location:	Office location:
Fax number:	Phone number:

☐ Urgent ☐ Reply ASAP ☐ Please comment ☐ Please review ☐ For your information

DEAR SIR:
ENCLOSED PLEASE FIND CORPORATION REINSTATEMENT FORM.
I MOVED SEVERAL MONTHS AGO AND NEVER RECEIVED THE ANNUAL REPORT FORM
TO MY NEW FORWARDING ADDRESS.
KINDLY REINSTATEMENT MY CORPORATION AND ALSO, MAKE THE CURRENT CHANGES OF
INFORMATION.
THANK YOU IN ADVANCE.
ANGELINA LICEA


ANGELO SALVATORE, INC.