

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01000024315**

1. Corporation Name

ANGELO SALVATORE, INC.

Principal Place of Business

Mailing Address

777 N.W. 72 AVE
388825
MIAMI FL 33126

777 N.W. 72 AVE
388825
MIAMI FL 33126

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/2001

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LICEA, ANGELINA	9240 S.W. 78 CT	MIAMI FL 33156
T	LICEA, ANGELINA	9240 S.W. 78 CT	MIAMI FL 33156
S	LICEA, ANGELINA	9240 S.W. 78 CT	MIAMI FL 33156
VP	LICEA, ANGELINA	9240 S.W. 78 CT	MIAMI FL 33156
REINSTATEMENT 03-04 900028738439 08/20/04--01068--001 **150.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LICEA, ANGELINA
9240 S.W. 78TH COURT
MIAMI FL 33156

Name

LICEA, ANGELINA

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

777 N W 72 AVE 38825

Suite, Apt. #, Etc.

MIAMI

City

MIAMI

State

FL

Zip Code

33126

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

2.10.04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.10.04 305.266.6266

Send to: STATE OF FLORIDA	From: ANGELINA LICEA
Attention: DIVISION OF CORPORATIONS	Date: 02.10.2004
Re: REINSTATEMENT OF CORPORATION	Office location: MIAMI, FL
Fax number:	Phone number: 305.266.6266

DEAR SIR:

I WAS NOTIFIED THAT MY CORPORATION HAD DISSOLVED. I WOULD LIKE TO INFORM YOU THAT I DID NOT RECEIVE MY APPLICATION FOR PROPER FILING.

MY ADDRESS IS AS FOLLOWS:

ANGELO SALVATORE, INC.
777 NORTHWEST 72ND AVENUE SUITE 38B25
MIAMI, FLORIDA 33126

I BELIEVE YOU HAVE THE INCORRECT SUITE # WHICH IS THE REASON WHY I HAVE NOT RECEIVED MY APPLICATION. I KINDLY REQUEST THIS CORRECTION TO BE MADE. I HAVE ENCLOSED A CHECK FOR THE AMOUNT OF \$150.00 TO HAVE MY STATUS CORRECTED AND UPDATED.

PLEASE CONTACT ME AT 305.266.6266 IF YOU MAY NEED ANY FURTHER INFORMATION. THANK YOU IN ADVANCE.

RESPECTFULLY,

ANGELINA LICEA
ANGELO SALVATORE, INC.

8/18 SPOKE TO MARKITA.

I WAS INSTRUCTED BY HER TO FORWARD CHECK FOR \$150.00.

PLEASE CALL US IF YOU HAVE ANY ADDITIONAL QUESTIONS.

THANK YOU.