

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 19 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000036710**

1. Corporation Name

Ango Investment Consulting, Inc.

2. Principal Office Address

3072 Matilda Street

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

U.S.

3. Mailing Office Address

3072 Matilda Street

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33133

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2001

5. FEI Number

30-0068982

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

VANESSA MOYA

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

3072 Matilda St.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

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
DP	VANESSA MOYA	3072 Matilda Street	MIAMI, FL. 33133

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

03/11/2003

Date

(305) 219-3707

Daytime Phone #

3072 Matilda Street
Miami, Fl. 33133
Tel. (305) 446-7293
Fax (305) 446-2815

Argo Investment Consulting, Inc.

March 18, 2003

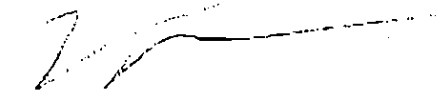
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Dear Sir or Madam:

This letter is to request for the reinstatement of my corporation. After a change of name and address we did not receive the first UBR for 2002. The second notice was received and sent with a check for \$550.00(check #2013). Since then we have not received any further correspondence. This year, I went to sunbiz.org and found that the corporation had been dissolved.

Due to the fact that I have not received any of the letters sent, I would like to request that you please wave all penalties and reinstate my corporation. Attached with this letter is a check \$150.00 for the 2003 fee. I would ask that you apply \$300.00 of the original check to the 2002 and 2003 UBRs and that you refund me \$250.00 and the attached check. If you need to contact me I can be reached on my cell phone at (305) 219-3707. Thank you in advance for your cooperation on this matter.

Sincerely,



Vanessa Moya
President