

H040000850463

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000055872					
1. Corporation Name ANGELS EMPLOYMENT SERVICE, CORP					
2. Principal Office Address 4235 W. 16th AVENUE Suite, Apt. #, etc. 102 City & State MIAMI FL Zip 33012			3. Mailing Office Address 4235 W. 16th AVENUE Suite, Apt. #, etc. SUITE 102 City & State MIAMI, FL Zip 33012		
Country MIAMI-DADE			Country MIAMI-DADE		

4. Date Incorporated or Qualified To Do Business in Florida 6-5-2001	
5. FEI Number 65-1116166	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 RAFAELA PEREZ	
Street Address (P.O. Box Number is Not Acceptable) 3034 S.W. 5th STREET	
Suite, Apt. #, Etc.	
City MIAMI	State FL
	Zip Code 33135

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 		Date	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PEREZ, RAFAELA	3034 S.W. 5th ST	MIAMI, FL 33135
D	PEREZ, YVETTE	400 S.W. 69th ST	MIAMI, FL 33144
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 118.07(3)(f), 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: 		PREPARED BY YVETTE PEREZ 400 S.W. 69th AVE Date MIAMI, FL 33144	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Division of Corporations

Page 1 of 1

Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : R & R ACCOUNTING & TAX SERVICES, INC.
Account Number : 071324000655
Phone : (305)541-0790
Fax Number : (305)541-4015

CORPORATION REINSTATEMENT**ANGELS EMPLOYMENT SERVICE CORP.**

Certificate of Status	0
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