

PS 1 92

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 24 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701000 064801

1. Corporation Name

MICHELS & ANGELS INC

2. Principal Office Address

11211 S MILITARY TR

Suite, Apt. #, etc.

1514

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

BOYNTON BCH FL

City & State

Zip

33436

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06-29-01

5. FEI Number

65-1118247

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

MICHEL MARK

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

11211 S MILITARY TRAIL # 1514

Suite, Apt. #, Etc.

City

BOYNTON BCH

State

FL

Zip Code

33436

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

X

Date

X

REGISTERED AGENT MUST SIGN

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	MICHEL MARK	11211 S MILITARY TR	BOYNTON BCH FL 33436

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 662-8321
X 5.20.2004

CR2E081 (01/04)

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DEPARTMENT OF STATE

I DIDN'T GET ANY FORM FOR ANNUAL FILING.

PLEASE REMOVE THE PENALTY FROM MY
ACCOUNT, AND REINSTATE MY COMPANY.

~~THANK YOU~~

MARK MICHEL

5-20-2004

BOYNTON BEACH, FL.