

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 17 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071857

1. Corporation Name

ANGELA COSMETICS AND FASHION, INC.

1000 QUAYSIDE TERRACE
1000 QUAYSIDE TERRACE

2. Principal Office Address

1000 QUAYSIDE TERRACE

3. Mailing Office Address

1000 QUAYSIDE TERRACE

Suite, Apt. #, etc.

1007

Suite, Apt. #, etc.

1007

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33138

Country

Zip

33138

Country

4. Date Incorporated or Qualified

To Do Business in Florida 07/20/2001

5. FEI Number

20-1459168

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCISCO J. CEPEDA

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

1000 QUAYSIDE TERRACE

Suite, Apt. #, Etc.

1007

City

MIAMI

State

FL

Zip Code

33138

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 08/06/2004

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
PTS	FRANCISCO J. CEPEDA	1000 QUAYSIDE TER. STE. 1007	MIAMI, FL 33138

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

08/06/2004

Date

(786)597-1326

Daytime Phone #

2282

ANGELA COSMETICS AND FASHION, INC.
1000 Quayside Terrace.
Suite 1007
Miami, FL 33138
Tel. (786) 597-1366

August 6, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION

RE: ANGELA COSMETICS AND FASHION, INC.
DOCUMENT #: P01000071857

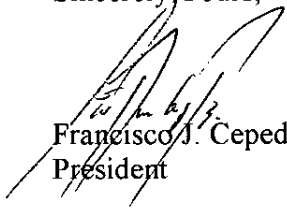
To whom it may concern:

We moved during 2001 and we never received any notice of Annual Report and for this reason we were not able to send this report on time. Please waive any penalties because we were not aware of this report.

Attached you will find our 2004 Annual Report and a check for \$450.00 to pay ANNUAL REPORT of 2002, 2003 and 2004.

Any questions or concerns feel free to contact us.

Sincerely Yours,


Francisco J. Cepeda
President