

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000071857

1. Corporation Name

ANGELA COSMETICS AND FASHION, INC.

2. Principal Office Address

8357 W. FLAGLER ST

Suite, Apt. #, etc.  
146

City & State  
MIAMI FL

Zip  
33144

Country

3. Mailing Office Address

8357 W. FLAGLER ST

Suite, Apt. #, etc.  
146

City & State  
MIAMI FL

Zip  
33144

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 ☒

\$8.75 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)  
8357 W. FLAGLER STREET

Suite, Apt. #, Etc.  
#146

City  
MIAMI

State  
FL

Zip Code  
33144

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date  
09/27/2006

**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	8357 W. FLAGLER ST. #146	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 contained in Chapter 119, 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

09/27/2006

Date

786-308-8731

Daytime Phone #

FILED

06 OCT -3 PM 3:38

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

05-06

CR2E081 (12/05)

500080390395  
10/03/06--01026--012 \*\*308 75

***ANGELA COSMETICS AND FASHION, INC.***

***8357 W. Flagler St.***

***Suite 1007***

***Miami, FL 33144***

***Tel. (786) 308-8731***

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September 27, 2006

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

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

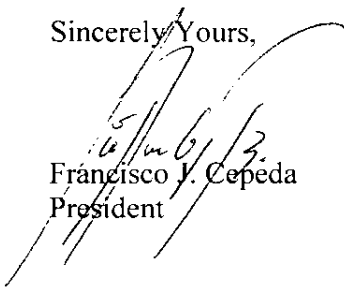
To whom it may concern:

We moved during 2005 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 Reinstatement and a check for \$308.75 to pay ANNUAL REPORT of 2005 and 2006.

Any questions or concerns feel free to contact us.

Sincerely Yours,

  
Francisco J. Cepeda  
President