

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000079360	
1. Entity Name ANGELWORKS & COMPANY, INC.	



FILED

05 MAR 28 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2691 EAST OAKLAND PARK BOULEVARD SUITE 102 FT. LAUDERDALE, FL 33306	Mailing Address 2691 EAST OAKLAND PARK BOULEVARD SUITE 102 FT. LAUDERDALE, FL 33306
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2. Principal Place of Business 150 South Pine Island Rd Suite, Apt. #, etc. Suite 417 City & State Plantation FL Zip 33324 Country USA	3. Mailing Address 150 South Pine Island Rd Suite, Apt. #, etc. Suite 417 City & State Plantation Zip 33324 Country USA
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03232005 REIN-P CR2E098 (6/04)

4. FEI Number 65-1142248	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROGAN, LAURA L 2691 EAST OAKLAND PARK BOULEVARD SUITE 102 FT. LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name Brogan, Laura L Street Address (P.O. Box Number is Not Acceptable) 150 South Pine Island Road Suite 417 City Plantation FL Zip Code 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Laura L Brogan</i> <small>Signature, typed or printed name of registered agent and use if applicable.</small>	DATE 3-25-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROGAN, LAURA L 2691 EAST OAKLAND PARK BLVD., STE. 102 FT. LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 150 South Pine Island Road #417 Plantation FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400049930404 04/05/05--01082--015 ***300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.	
SIGNATURE: <i>Laura L Brogan</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 3-25-05 DAYTIME PHONE # 954-801-6595