

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
04 FEB 16 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000119432

1. Corporation Name

Earth Angels Society, Inc.

REINSTATEMENT 03-04

600028782256  
02/16/04--01013--004 \*\*900.00

2. Principal Office Address

45 W Highpoint Rd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

3. Mailing Office Address

45 W Highpoint Rd.

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34996

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12-17-01

5. FEI Number

☒ 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

Lucile R. McCartney

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

45 W Highpoint Rd.

Suite, Apt. #, Etc.

City

Stuart

State  
FL

Zip Code

34996

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

*Lucile R. McCartney*  
REGISTERED AGENT MUST SIGN

Date

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
PVST	Lucile R. McCartney	45 W Highpoint Rd	Stuart, FL 34996

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)(l), 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:

*Lucile R. McCartney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)