


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.

2. Principal Office Address 45 W Highpoint Rd.		3. Mailing Office Address 45 W Highpoint Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Stuart, FL		City & State Stuart, FL	
Zip 34996	Country	Zip 34996	Country

REINSTATEMENT 03-04

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

4. Date Incorporated or Qualified To Do Business in Florida 12-17-01	
5. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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  Date \_\_\_\_\_

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
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:  Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)