

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 2:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000034922**

1. Corporation Name

**DE ANGELO'S TOURS & CHARTER INC**

Principal Place of Business

15841 PINES BLVD.  
PEMBROKE PINES FL 33025

Mailing Address

15841 PINES BLVD.  
PEMBROKE PINES FL 33025

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/2002

5. FEI Number

30-0068169

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GAYLE, DONOVAN	15841 PINES BLVD.	PEMBROKE PINES FL 33025

000023906310  
10/17/03--01052--018 \*\*558.75

8. Name and Address of Current Registered Agent

GAYLE, DONOVAN  
15841 PINES BLVD.  
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/13/03

11. 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)(b), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

(305) 655-1185

# **De Angelo's Tours & Charter, Inc.**

**15841 Pines Blvd., Pembroke Pines, FL 33025**

**Telephone ( 305) 655-1185**

October 13, 2003

Secretary of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: Document #P02000034922, Renewal**

Dear Madam:

Pursuant to our conversation today, please be advised that we did not receive a 2003 Uniform Business Report in January at all. Based on your recommendation we are submitting a Corporation Reinstatement as well as a check for \$558.75 for processing. Thank you.

Yours truly,



Donovan Gayle  
President