

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

FILED

04 FEB 25 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000058589**

1. Corporation Name

Angelic Heirlooms, Incorporated

2. Principal Office Address

15751 Sheridan St.

Suite, Apt. #, etc.

#205

City & State

Ft. Lauderdale 33331

Zip

Country

USA

3. Mailing Office Address

15751 Sheridan St.

Suite, Apt. #, etc.

#205

City & State

Ft. Lauderdale 33331

Zip

Country

USA

REINSTATEMENT

03-04
2/25/04

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/2002

5. FEI Number

74-3045271

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

Carolyn Laing

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

15751 Sheridan St, #205

Suite, Apt. #, Etc.

City

Ft. Lauderdale, Florida

State
FL

Zip Code

33331

900028694293

02/19/04--01047--005 **85.00

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

Carolyn Laing
REGISTERED AGENT MUST SIGN

Date

2/18/04

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
P/D	CAROLYN LAING	15751 Sheridan St #205 Ft. Lauderdale, Fla. 33331	900028694293 02/26/04--01003--011 **158.75
			900028694293 02/26/04--01003--010 **115.00

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)(i), 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:

Carolyn Laing
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

954-275-9990

Daytime Phone #

CR25081 (01/04)

2 of 2

Angelic Heirlooms Inc.

15751 Sheridan Street, # 205
Ft Lauderdale, Florida 33331

Phone: 954-275-9990
Fax: 954-252-5935
Email: Angelicheirs@bellsouth.net

Personalized. Self Designing. Hope Chest



February , 18, 2003

Re: Waiver of Reinstatement Fee

To: Department of State;

In reference to the Uniform Business Report (UBR) that was to be filed in 2003. Angelic Heirlooms moved offices and being a new company was unaware of that fact that we needed to inform you of our new address. We did not receive the form (UBR) to file and now understand that the corporation is inactive. We would like to correct this and ask to have the reinstatement penalty fee waived. Please find enclosed the Corporation Reinstatement document and also the Articles of Correction to change the address. Plus appropriate fees. Thank you in advance for your understanding.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carolyn Laing". The signature is written in dark ink and is positioned above the printed name and title.

Carolyn Laing
President