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
04 JAN 15 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090814

1. Corporation Name

ARCHANGEL BUSINESS CONSULTING, INC.

Principal Place of Business	Mailing Address
3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160	3741 SUNNY ISLES BLVD STE 282 N MIAMI BCH FL 33160

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

REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/2002

5. FEI Number: 56-2288025 — 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)

200025761872
01/15/04--01003--001 **150.1

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PD~~	~~FERNANDEZ, ROLANDO~~	~~3741 SUNNY ISLES BLVD STE 282~~	~~N MIAMI BCH FL 33160~~
S ~~VSTD~~	FERNANDEZ, MARIA	3741 SUNNY ISLES BLVD STE 282	N MIAMI BCH FL 33160
PD	Cheistopher J. Rodriguez	3741 Sunny Isles Blvd Ste 282	N. Miami Bch, Fl 33160
V	Anthony R. Rodriguez	3741 Sunny Isle Blvd Ste 282	N. Miami Bch, Fl 33160
T	Anthony R. Rodriguez	3741 Sunny Isle Blvd Ste 282	N. Miami Bch, Fl 33160

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI FL 33145	Name: Anthony R. Rodriguez Street Address (P.O. Box Number is Not Acceptable): 3741 Sunny Isle Blvd Ste 282 Suite, Apt. #, Etc.: City: North Miami Beach, State: FL, Zip Code: 33160

CR2E040 (7/03)

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.

200025761872
12/26/03--01012--017 **750.00

Signature of Registered Agent: _____ Date: 17 DEC 2003
REGISTERED AGENT MUST SIGN

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)(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: _____ 1/8/04 305-947-2924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #