

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000091613

1. Corporation Name

CODE MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~828 4TH STREET~~
~~MIAMI BEACH FL 33139~~

~~828 4TH STREET~~
~~MIAMI BEACH FL 33139~~

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

2. New Principal Office Address, If Applicable

3841 NE 2nd Ave

Suite, Apt. #, etc.

Suite 203

City & State
Miami FL

Zip Country
33137 US

3. New Mailing Office Address, If Applicable

3841 NE 2nd Ave

Suite, Apt. #, etc.

Suite 203

City & State
Miami FL

Zip Country
33137 US

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2002

5. FEI Number

14-1845142

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
PD	ANGELL, ANTHONY	828 4TH STREET 3255 NE 184th St Aventura FL 33160	MIAMI BEACH FL 33139
VD	ANGELL, BETHANI	828 4TH STREET 3255 NE 184th St Aventura FL 33160	MIAMI BEACH FL 33139
SD	KELLY, SIDNEY	828 4TH STREET 1300 Collins Apt 200 Miami Beach FL 33137	MIAMI BEACH FL 33139

400023748704

10/13/03--01059--006 **150.00

8. Name and Address of Current Registered Agent

ANGELL, ANTHONY

~~828 4TH STREET~~

~~MIAMI BEACH FL 33139~~

9. Name and Address of New Registered Agent

Name

Anthony Angell

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

3255 NE 184th St

Suite, Apt. #, Etc.

Apt 12216

City

Aventura

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

10/9/03

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03

Date

305-572-1101

Daytime Phone #

CR2E040 (7/03)

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

I am in receipt of your Notice of Administrative Dissolution or Revocation (received today). In your literature you state that a letter, signed by an officer or director of the corporation, stating that the prior UBR notices are not received is necessary in order for the reinstatement fee to be waived.

This letter is to confirm that Code Management did not receive the two prior UBR notices sent by your department. I have enclosed a completed and corrected Application for Reinstatement and the \$150.00 filing fee. Please call 305-572-1101 with any questions.

Regards,

A handwritten signature in black ink, appearing to read 'Anthony Angell', with a stylized flourish at the end.

Anthony Angell
President
Code Management