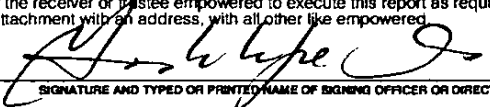


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000010152 1. Entity Name THE ANGELS AGE CARE, CORP.						FILED 05 JAN 11 PM 3:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13320 SW 71 ST MIAMI, FL 33183				Mailing Address 13320 SW 71 ST MIAMI, FL 33183			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			 REINSTATEMENT CR2E098 (6/04)	
City & State			City & State			4. FEI Number 33-1041149	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ARIAS, GUADALUPE 13320 SW 71 ST MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable.				DATE: 1/10/05 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP CHALA, JOSE R 13320 SW 71 ST MIAMI, FL 33183		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DV ARIAS, GUADALUPE 13320 SW 71 ST MIAMI, FL 33183		☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE: 1/10/05 Daytime Phone #			