

2007 FOR PROFIT CORPORATION REINSTATEMENT


FILED

07 JUN 25 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

06182007 REIN-P CR2E098 (1/07)

DOCUMENT # P03000010152					
1. Entity Name THE ANGELS AGE CARE, CORP.					
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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 33-1041149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <u>GONZALO ESTEVEZ</u> Street Address (P.O. Box Number is Not Acceptable) <u>7924 N.W. 163 TERRACE</u> City <u>MIAMI LAKES</u> FL Zip Code <u>33016</u>		
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.					
SIGNATURE <u>Gonzalo Estevez</u> Signature, typed or printed name of registered agent and title if applicable		<u>GONZALO ESTEVEZ</u> (NOTE: Registered Agent signature required when reinstating)		DATE <u>6/18/07</u>	
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 ESTEVEZ, GONZALO 7924 NW 163RD TERR MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S</u> <u>TANIA CORREA</u> <u>830 S.W. 71 COURT</u> <u>MIAMI, FLA 33144</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>900105297189</u> <u>07/03/07--01015--010</u> <u>**300.00</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gonzalo Estevez</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>GONZALO ESTEVEZ, PRE</u>		Date <u>6/18/07</u> Daytime Phone #	