


2008 FOR PROFIT CORPORATION REINSTATEMENT

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent ESTEVEZ, GONZALO 7924 NW 163 TERRACE MIAMI LAKES, FL 33016	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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> <u>GONZALO ESTEVEZ</u> <u>10/6/08</u> <small>Signature, typed or printed name of registered agent, as applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE	

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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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	800136782848 <input type="checkbox"/> Addition 10/09/08--01046--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORREA, TANIA 830 SW 71 COURT MIAMI, FL 33144 <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	<u>10/10/08</u> <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> <u>President</u> <u>GONZALO ESTEVEZ</u>	<u>10/6/08</u> Date Daytime Phone #

FILED
08 OCT -8 AM 11:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

