

P51574

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JUL -7 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000011243**

1. Corporation Name

ANGAR DISTRIBUTOR COAP

2. Principal Office Address

4814 CASON COVE

Suite, Apt. #, etc.

201

City & State

ORLANDO

Zip

FL

Country

ORANGE

3. Mailing Office Address

4814 CASON COVE

Suite, Apt. #, etc.

201

City & State

ORLANDO, FL

Zip

32811

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/25/2003

5. FEI Number

65-1172198

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JUAN J. GARCIA

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

4814 CASON COVE

Suite, Apt. #, Etc.

201

City

ORLANDO

State

FL

Zip Code

32811

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

X [Signature]

REGISTERED AGENT MUST SIGN

Date

06/07/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JUAN J. GARCIA	4814 CASON COVE	ORLANDO, FL 32811
VP	MARIA C. ANGULO	4814 CASON COVE	ORLANDO, FL 32811

10. 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

X [Signature]

06/07/05 - 407-645-0046

Date

Daytime Phone #

CR2E081 (01/05)

17282

ANGAR DISTRIBUTORS, CORP
4814 CASON COVE APT 201
ORLANDO, FL 32835

TELEPHONE 407-649-0096

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

REFERENCE: YOUR LETTER JUNE 20, 2005, LETTER NO. 505A00004210

WE HAVE RECEIVED YOUR LETTER DATED JUNE 20, 2005 AND WE WISH TO RESPOND TO THE ISSUES RAISED IN YOUR LETTER.

1 - WE DID FILED OUR CORPORATE ANNUAL REPORT AND PAYMENT OF \$150.00 FEE WITH OUR LETTER DATED SEPT 21, 2004. WE FOLLOW THIS ACTION AFTER TALKING TO ONE OF YOUR REPRESENTATIVE THAT INSTRUCTED US ON HOW TO CORRECT THIS SITUATION. WE ENCLOSE A DUPLICATE OF ANNUAL REPORT FOR 2004. YOUR REPRESENTATIVE INDICATED THAT PAYMENT OF THE \$150.00 FEE WOULD ELIMINATE THE \$400.00 PENALTY FOR LATE FILING THE ANNUAL REPORT FOR 2004.

WE NEVER RECEIVED YOUR LETTERS DATED SEPTEMBER 28, 2004 NOR A FOLLOW UP LETTER DATED OCTOBER 11, 2004. WE INTERPRETED THAT THE ANGAR DISTRIBUTORS, CORP. WAS IN GOOD STANDING WITH THE THE DIVISION OF CORPORATION AFTER THE PAYMENT FEE WAS ACCEPTED.

ON JUNE 6, 2005, WE PAID THE ANNUAL FEE OF \$150.00 AND FILED THE ANNUAL REPORT. SINCE WE CONFRONTED ANOTHER CHANGE OF ADDRESS. AT THIS TIME WE CALL YOUR REPRESENTATIVE FOR ADVISE AND SHE RECOMMENDED FILING A REINSTATEMENT REQUEST WITH NO ADDITIONAL FEES \$600.00 REQUESTED IN YOUR LETTER WE ENCLOSE COPY OF THE ANNUAL REPORT AND COPY OF CANCELLED CHECK FOR \$150.00.

P, 20/13

TO RECAP THESE EVENTS, WE HAVE PROVIDED EVIDENCE THAT WE FILED THE ANNUAL REPORT FOR 2004 AND HAVE PAID THE \$150.00 FEE WE ALSO HAVE FILED OUR ANNUAL REPORT FOR 2005 AND WE HAVE PAID THE \$150.00 FEES. THESE ACTIONS WERE TAKEN AFTER CONVERSATION WITH YOUR STAFF AND OUR INTERPRETATIONS THAT ANGAR DISTRIBUTORS, CORP. WOULD BE IN GOOD ORDER OF BUSINESS.

WE SHALL APPRECIATE IT , THEREFORE, IF YOU CAN ACCEPT OUR REINSTATEMENT DOCUMENT ENCLOSED AND AVOID ANY ADDITIONAL FEES.

YOUR PROMPT RESPONSE IS VERY IMPORTANT TO US.
PLEASE, CONSIDER APPROVAL SO THAT WE CAN CONTINUE DOING BUSINESS IN THE STATE FLORIDA.

SINCERELY



JUAN J. GARCIA
PRESIDENT.

B 2004

ANGAR DISTRIBUTORS, CORP.
4814 CASON COVE
APT 201
ORLANDO, FL 32811 TEL. 407-645-0096

JUNE 6, 2005

GENTLEMEN:

RE: INACTIVE STATUS OF ANGAR DISTRIBUTOR, CORP
DOCUMENT NO P03000011243
FEI NO. 65-1172198

WE ENCLOSE CHECK IN THE AMOUNT OF \$150.00 FOR THE
ANNUAL REPORT FEE FOR THE REFERENCED CORP WITH
THE LAST DUE DATE TO PAY WAS ON MAY 1ST 2005.

SINCE WE DID NOT RECEIVE THE ANNUAL REPORT NOTIFICATION
BECAUSE WE MOVE TO A NEW ADDRESS, WE ARE FILING A REINSTAMMENT
FORM FOLLOWING THE ADVISE OF YOUR REPRESENTATIVE.

WE SHALL APPRECIATE YOUR PROMPT REINSTATEMENT OF
OUR CORPORATION

SINCERELY,



JUAN J. GARCIA
PRESIDENT