

# **2005 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000124035

**FILED**  
**Oct 03, 2005**  
**Secretary of State**

**Entity Name:** LIT'L ANGELS ON THE MOVE - AFTERCARE PROGRAM, INC.

**Current Principal Place of Business:**

5944 CORAL RIDGE DRIVE #181  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

11240 N.W. 52ND STREET  
CORAL SPRINGS, FL 33076 US

**Current Mailing Address:**

5944 CORAL RIDGE DRIVE #181  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

11240 N.W. 52ND STREET  
CORAL SPRINGS, FL 33076 US

**FEI Number:** 20-0316533

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIHALYI, ADRIANA  
11240 NW 52 STREET  
CORAL SPRINGS, FL 33076 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ADRIANA MIHALYI

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIHALYI, ADRIANA  
Address: 11240 NW 52 ST.  
City-St-Zip: CORAL SPRINGS, FL 33076

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MIHALYI, ADRIANA  
Address: 11240 NW 52 ST.  
City-St-Zip: CORAL SPRINGS, FL 33076 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA MILHAYI

P

10/03/2005

Electronic Signature of Signing Officer or Director

Date