

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000143762

1. Corporation Name

**ANGEL STUCCO, INC.**

W07-6905

2. Principal Office Address - No P.O. Box #

**23738 OAK LANE**

Suite, Apt. #, etc.

3. Mailing Office Address

**23738 OAK LANE**

Suite, Apt. #, etc.

City & State

**SORRENTO FL**

City & State

**SORRENTO FL**

Zip

**32776**

Country

**US**

Zip

**32776**

Country

**US**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/02/2003**

5. FEI Number

**84-1630793**

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

**ALL FLORIDA FIRM INC.**

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

**465 S VOLUSIA AVE**

Suite, Apt. #, Etc.

**STE C**

City

**ORANGE CITY**

State

**FL**

Zip Code

**32763**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

**Devin Newman - Asst. Secretary** Date **04/09/2007**

REGISTERED AGENT MUST SIGN

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
PD	ANGEL RESENDIZ	23738 OAK LANE	SORRENTO FL 32776

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 contained in Chapter 119, 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:

**ANGEL RESENDIZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/2007

Date

352-636-3223

Daytime Phone #

FILED

07 APR 12 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500097580255

04/19/07--01036--021 \*\*450.00

REINSTATEMENT

05-07

W07