

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000077598

1. Entity Name

A. ANGELES CONSTRUCTION, INC.



FILED

05 OCT -4 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

2711 ALLEN ROAD
APT. L-28 → J-28
TALLAHASSEE, FL 32312

Mailing Address

2711 ALLEN ROAD
APT. L-28 → J-28
TALLAHASSEE, FL 32312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032005

REIN-P

CR2E098 (6/04)

4. FEI Number

20-3177351

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELES, ALEJO
2711 ALLEN ROAD
APT. L-28 → Apt - J-28
TALLAHASSEE, FL 32312

7. Name and Address of New Registered Agent

Name

Alejo Angeles

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

2711 Allen Rd. Apt. J-28

City

Tallahassee

FL

Zip Code

32312

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

Alejo Angeles

10-3-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME ANGELES, ALEJO
STREET ADDRESS 2711 ALLEN ROAD APT. L-28 → J-28
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE V
NAME ANGELES, ASUNCION
STREET ADDRESS 2711 ALLEN ROAD APT. L-28 → J-28
CITY-ST-ZIP TALLAHASSEE, FL 32312

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 500060503685
STREET ADDRESS 10/12/05--01004--014 **758.75
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Alejo Angeles

10-3-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #