

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 24 P 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 5000035428

1. Corporation Name

ARIE'S ANGELS INC.

100182578231
06/24/10--01034--013 **1358.75

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

3844 MIRAMONTES CIR

Suite, Apt. #, etc.

3. Mailing Office Address

3844 MIRAMONTES CIRCLE

Suite, Apt. #, etc.

City & State

WELLINGTON, FL.

City & State WELLINGTON

FLORIDA

Zip

33414

Country

U.S.

(Palm Beach)

Zip

33414

Country

U.S.

(Palm Beach)

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/2005

5. FEI Number

☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name ARIE R. FRIEDMAN

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

3844 MIRAMONTES CIRCLE

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

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

Arie R. Friedman

REGISTERED AGENT MUST SIGN

Date June 22, 2010

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	ARIE FRIEDMAN	3844 MIRAMONTES Cir.	Wellington, FL. 33414

REINSTATEMENT
2006-2009
988

10. E-mail Address: ARIESANGELS@AOL.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Arie R. Friedman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/22/2010

Daytime Phone #