PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 JAN 31 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000047359

1. Corporation Name
ANGEL AIDS CENTER INC.

REINSTATEMENT
100218307151
01/24/12--01026--020 **25.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1708 NE 4th ST	1708 NE 4th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH FL
Zip: 33435 Country: U.S.	Zip: 33435 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 6/2004

5. FEI Number: 72-1597184 ☐ 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: HANSRAM RAMRUP
Street Address (P.O. Box Number is Not Acceptable): 12509 Colony Preserve Drive
Suite, Apt. #, Etc.:
City: Boynton Beach | State: FL | Zip Code: 33437

100218307151
01/13/12--01026--012 **635.00

100218307151
01/13/12--01026--013 **90.00

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: HRamrup Date: 12/20/11
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
Pres/Treas.	HANSRAM RAMRUP	12509 Col. P. Dr.	Boynton Beach FL 33437
V.P.	Lena RAMRUP	12509 Col. P. Drive	Boynton Beach FL 33437
D	HANSRAM RAMRUP JR	12509 Col P. Drive	Boynton Beach FL 33437
	REINSTATEMENT 11-12		

10. E-mail Address: Ramhrsr@hotmail.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., and 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. I acknowledge that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: HRamrup 12/20/11 (561)371-1044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JAN 31 2012