2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000161208

1. Entity Name
ANGELES CARPENTRY CORPORATION

FILED
06 DEC 19 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7480 SW 152ND AVENUE UNIT 11 MIAMI, FL 33193	7480 SW 152ND AVENUE UNIT 11 MIAMI, FL 33193

REINSTATEMENT 2006 WOR

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. # etc
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALICEA, DAVID 2750 N 29TH AVENUE 116 HOLLYWOOD, FL 33020	Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code

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 David Alicea

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANGELES, JOSE J 7480 SW 152ND AVENUE UNIT 11 MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 100082623941 12/19/06--01011--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANGELES, JOSE J 7480 SW 152ND UNIT 11 MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #