2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000167131 1. Entity Name 07 HAY 10 AH 8: 00 ANGEL WINGS EXPRESS INC LLARASSEE, FLORIDA Principal Place of Business Mailing Address 6740 S.E. 60TH STREET 6740 S.E. 60TH STREET TRENTON, FL 32693 TRENTON, FL 32693 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E098 (1/07) 05042007 REIN-P 4. FEI Number Applied For City & State City & State 98*41*38 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MATTHEWS, SHERRY L Street Address (P.O. Box Number is Not Acceptable) 6740 S.E. 60TH STREET TRENTON, FL 32693 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$300.00 corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition ☐ Delete TITLE TITLE 759 MATTHEWS, SHERRY L NAME 900103235 NAME STREET ADORESS ′25/97--01006--013 STREET ADDRESS **6740 S.E. 60TH STREET** **300<u>.00</u> CITY-ST-ZIP TRENTON, FL 32693 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling boes 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 received for 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 of the corporation or changed, or on an att

SIGNATURE: