

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000033232

1. Entity Name  
ANGEL LANE ENTERPRISES, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 NOV -5 AM 10:14

Principal Place of Business  
12406 EAGLES CLAW LN  
JACKSONVILLE, FL 32225

Mailing Address  
12406 EAGLES CLAW LN  
JACKSONVILLE, FL 32225

2. Principal Place of Business - No P.O. Box #  
*Correctly*  
13474 ATLANTIC Blvd

3. Mailing Address

Suite, Apt. #, etc.  
# 103

Suite, Apt. #, etc.

City & State  
Jacksonville, FL

City & State

Zip  
32225

Country  
USA

Zip

Country

10302008 REIN-P CR2E098 (1/07)

4. FEI Number  
20-4868732

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EAKIN, PAUL M  
559 ATLANTIC BLVD  
STE 4  
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

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

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, 2009, 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
WELCH, CHARLES G  
12406 EAGLES CLAW LN  
JACKSONVILLE, FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WELCH, MARY LU  
12406 EAGLES CLAW LN  
JACKSONVILLE, FL 32225 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300137667503  
11/05/08--01024--002 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
B 11/06/08

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
STATEMENT 08

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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: SD Mary Lu Welch 11-3-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-704 6170