

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JUN 16 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P10000079201

1. Corporation Name

MY ANGEL JEN, INC.

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

1792 Lindsey Court
Suite, Apt. #, etc.

3. Mailing Office Address

1792 Lindsey Court
Suite, Apt. #, etc.

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

U.S.

Zip

33414

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Sept 28, 2010

5. FEINumber

27-3619338

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

Lorraine Martorello

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

1792 Lindsey Court

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33414

300261331213
06/16/14--01044--014 **1208.75

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

Lorraine Martorello
REGISTERED AGENT MUST SIGN

Date 6/10/2014

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.	Lorraine Martorello	1792 Lindsey Court	Wellington, FL 33414

REINSTATEMENT

JUN 16 2014

R. HUNT

10. E-mail Address: TAFVIN@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., 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 am aware 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:

Lorraine Martorello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/2014

Date

(561)312-4312

Daytime Phone #