

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000057795

**FILED**  
**Dec 07, 2013**  
**Secretary of State**

**Entity Name:** ANGELS ACADEMY CONSTRUCTION AND CONSULTING SERVICES INC

**Current Principal Place of Business:**

11102 NW 83 ST  
APT. #115  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

11102 NW 83 ST  
APT. #115  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 45-2670540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

APOLLINI, ELIENNE  
11102 NW 83 ST  
APT. #115  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: ELIENNE APOLLINI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ELIZABETH, CEDENO  
Address: 11102 NW 83 ST, APT. #115  
City-St-Zip: DORAL, FL 33178

Title: VPSD  
Name: ELIENNE, APOLLINI  
Address: 11102 NW 83 STREET, #115  
City-St-Zip: DORAL, FL 33178

Title: SECR  
Name: LISETTA, APOLLINI  
Address: 11102 NW 83 STREEY, #115  
City-St-Zip: DORAL, FL 33178

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ELIZABETH CEDENO

PD

12/07/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date