

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 8:56

DOCUMENT # **P93000009245**

1. Corporation Name

ANGEL'S CHAIN + DESIGN, INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
36 NE 1ST ST

Suite, Apt. #, etc.

135

City & State
MIAMI FL

Zip
33132

Country

3. New Mailing Office Address, If Applicable
36 NE 1ST ST

Suite, Apt. #, etc.

STE 135

City & State
MIAMI, FL

Zip
33132

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0385626

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	AD ANGEL J MEANA	14 NE 1ST AVE #1009	MIAMI, FL 33132

400003380024--0

-09/01/00--01040--008

******908.75 ****908.75**

Handwritten signature/initials

8. Name and Address of Current Registered Agent

**ANGEL J MEANA
14 NE 1ST AVE #1009
MIAMI FL 33132**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Handwritten signature of Angel J Meana

REGISTERED AGENT MUST SIGN

Date

08-24-00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Handwritten signature of Angel J Meana

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-24-00

Date

Daytime Phone #

CR2E081 (12/98)