

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 1996

DOCUMENT # P93000009886

1. Corporation Name

ANGELIC IMPRESSIONS CORPORATION

Principal Place of Business

Mailing Address

% CYNTHIA L. CHIEFA
200 S. BISCAYNE BLVD., SUITE 3150
MIAMI FL 33131-2310

4630 SW 140TH AVE
SUITE 328
DAVE FL 33330

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

2. New Principal Office Address, If Applicable
4839 S.W. 14TH AVE.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE # 328

Suite, Apt. #, etc.

City & State
DAVE, FLA.

City & State

Zip
33330-2129 Country
BARBADOS

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/06/1993

5. FEI Number

65-0380650

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PT	LOZANO, MARIA D	% 200 S. BISCAYNE BLVD., STE. 3150	MIAMI FL 33131 - 2310
VS	SANCHEZ, MARIA Z	% 200 S. BISCAYNE BLVD., STE. 3150	MIAMI FL 33131 - 2310

900002008789--7
-11/19/96--01162--008
****375.00 ****375.00

8. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 provisions of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature] 10/22/96
Registered Agent

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(f), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/96 (954) 927-0107
Date Daytime Phone #

FILED
96 NOV 15 PM 11:15-96
TALLAHASSEE, FL
SECRETARY OF STATE
MWB