

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -9 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 94000051520

1. Corporation Name

ANGRA Corporation

Principal Place of Business

Mailing Address

**4120 NW 26 Street
M. AMI, FL 33142**

SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

4120 NW 26 ST.

Suite, Apt. #, etc.

3. New Mailing Address, If Applicable

4120 NW 26 ST.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

7/27/94 7/12/94

5. FEI Number

65-0520829

Applied For

Not Applicable

City & State

M. AMI FLA.

City & State

M. AMI FLA

Zip

33142

Country

USA

Zip

33142

Country

USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres			
Sec	Marcelo Braga	4120 NW 26 ST.	
Treas.		M. AMI, FL.	
Director		33142	200002026182--0 -12/11/96--01066--020 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

**Steven Freeman
520 Brickell Key Drive
Suite 0-305
M. AMI, FLA.**

9. Name and Address of New Registered Agent

**Bill Ullman
Street Address (P.O. Box Number is Not Acceptable)
4600 FIRST UNION Financial Center
Suite, Apt. #, Etc.
200 South Biscayne Blvd.
City M. AMI, FLA. State FL Zip Code 33131**

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

Bill Ullman
REGISTERED AGENT MUST SIGN

Date

11/25/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/96 305-871-0053
Date Daytime Phone #