

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P95000002668

1. Corporation Name

ANGELS PLASTERING INC.

Principal Place of Business

28 MICHIGAN RD.  
LEHIGH ACRES,  
FL 33936

Mailing Address

P.O. BOX 125  
LEHIGH ACRES,  
FL 33970

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED  
96 DEC -2 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

mwb  
12/3/96

DO NOT WRITE IN THIS SPACE

4. Date incorporated or Qualified  
To Do Business in Florida

1-11-95

5. FEI Number

65-0647331

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
P	RONALD J ANGELS	28 MICHIGAN RD	LEHIGH ACRES, FL 33936
S	MARLA J ANGELS	" " " "	" " " "
VP	DEAN ANGELS	1439 SCENIC ST.	LEHIGH ACRES, FL 33936
T	DANIEL ANGELS	28 MICHIGAN RD	LEHIGH ACRES, FL 33936
			000002019460--1 -12/04/96--01064--012 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

RONALD J ANGELS  
28 Michigan Rd.  
LEHIGH ACRES, FL 33936

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

*Ronald J. Angels*

REGISTERED AGENT MUST SIGN

Date 11-22-96

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:

*Marla J. Angels*

MARLA J. ANGELS 11-22-96

941-369-6356

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec.

Date

Daytime Phone #