## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <b>APPLICATION</b> |
|--------------------|
| FOR                |
| REINSTATEMENT      |



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

**DIVISION OF CORPORATIONS** 

| DOCUMENT : | DO | CL | JME | N7 | Γŧ |
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1. Corporation Name

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· 海流 南京西北京中北北南北京 村村 南部

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**ANGELIC DESTINY, INC.** 

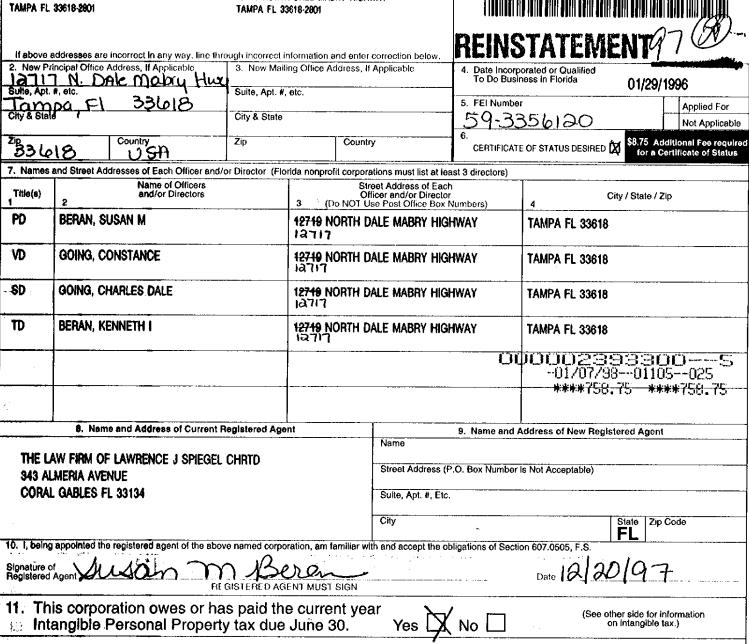
Principal Place of Business 42740 NORTH DALE MABRY HIGHWAY

12718 NORTH DALE MABRY HIGHWAY

FILED

97 DEC 31 AM 8: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



12. Locally 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 phastatement 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 owld 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 his application is true and accurate, and my signature shall have the same legal effect as if made under oath.