

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 # P96000008837

1. Corporation Name

ANGELIC DESTINY, INC.

Principal Place of Business  
12717  
42749 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33618-2801

Mailing Address  
12717  
42749 NORTH DALE MABRY HIGHWAY  
TAMPA FL 33618-2801

FILED

97 DEC 31 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

12717 N. Dale Mabry Hwy  
Suite, Apt. #, etc.  
Tampa, FL 33618  
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip  
33618  
Country  
USA

Zip  
Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/29/1996

5. FEI Number

59-3356120

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)

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
PD	BERAN, SUSAN M	12719 NORTH DALE MABRY HIGHWAY 12717	TAMPA FL 33618
VD	GOING, CONSTANCE	12719 NORTH DALE MABRY HIGHWAY 12717	TAMPA FL 33618
SD	GOING, CHARLES DALE	12719 NORTH DALE MABRY HIGHWAY 12717	TAMPA FL 33618
TD	BERAN, KENNETH I	12719 NORTH DALE MABRY HIGHWAY 12717	TAMPA FL 33618
			0000002393300--5 -01/07/98--01105--025 ***758.75 ***758.75

8. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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 Susan M Beran

REGISTERED AGENT MUST SIGN

Date 12/20/97

11. This corporation owes or has paid 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:

Susan M Beran  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/20/97 (813)  
940-4228

CR2E040 (8/97)