PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96 0000 8837

1. Corporation Name

ANGELIC DESTINY INC.

W01-13547

FILED
01 JUN 21 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-01

2. Principal Office Address
7218 5TH AVE N

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip 33710   Country USA

3. Mailing Office Address
7218 5TH AVE N

Suite, Apt. #, etc.

City & State
ST. PETERSBURG FL

Zip 33710   Country USA

4. Date Incorporated or Qualified To Do Business in Florida   1/29/96

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. Name and Address of Current Registered Agent

Name mr. David Bacon ESQ. (Bacon, Bacon Johnson and Goddard)

Street Address (P.O. Box Number is Not Acceptable)
2959 1st Ave N

Suite, Apt. #, Etc.

City St. Petersburg   State FL   Zip Code 33713

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***1208.75   ***1208.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ REGISTERED AGENT MUST SIGN   Date 5/24/01

CR2E081 (9/00)

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	SUSAN BERAN	5306 Taylor Rd.	Lutz, Fla. 33549
V	CONNIE GOING	7218 5TH AVE N	ST. PETERSBURG, FL 33710

10. 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: Connie Going   5/22/01   727 638-1817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #