

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 MAR 24 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000015984**

1. Corporation Name

ANGLEWISE CORPORATION

Principal Place of Business

721 VIRGINIA DR
ORLANDO FL 32803
US

Mailing Address

721 VIRGINIA DR
ORLANDO FL 32803
US



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/19/1996

5. FEI Number

59-3375184

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPT	RAYMOND, ISABELLA	4756 DUNBARTON DRIVE	ORLANDO FL 32817
VP	TURNER, E. GLENN ROARK, KEITH W.	721 VIRGINIA DRIVE	ORLANDO FL 32803
S S	BOWDEN, SONJA RAYMOND, ISABELLA	721 VIRGINIA DRIVE	ORLANDO FL 32803
			300014563723 03/25/03--01005--023 **750.00
			06/03/02 91203 039 \$158.75

8. Name and Address of Current Registered Agent

RAYMOND, ISABELLA
4756 DUNBARTON DR.
ORLANDO FL 32817

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. or 617.0505, F.S.

Signature of
Registered Agent

W. Keith Roark
VICE-PRESIDENT
REGISTERED AGENT MUST SIGN

Date 3/19/03

11. 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:

Isabella Raymond
President Isabella Raymond
3-18-03 407 383 1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)