

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
J. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7 96000035808

1. Corporation Name
LITTLE ANGEL, INC.

Principal Place of Business Mailing Address

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 Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		62 60 SANDCREST CIR			
City & State		City & State ORLANDO		5. FEI Number	
Zip		Zip 32819		Country FL	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	LUIZA ROSEN	6260 Sandcrest Cir	ORLANDO FL 32819

100002514861--9
-05/07/98--01018--002
***315.00 ***315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name	
Ronaldo Seppe	
Street Address (P.O. Box Number is Not Acceptable)	
4630 S. Kirkman Rd	
Suite, Apt. #, Etc.	
# 209	
City	State Zip Code
ORLANDO	FL 32811

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
Ronaldo Seppe
REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/98 407-3702041

Date

Daytime Phone #

FILED

98 APR 29 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO FLORIDA DEPARTMENT OF STATE. (2)
FROM: LITTLE ANGEL, INC.

I LUIZA ROSEN, DECLARE
THAT I NEVER RECEIVED A 1997
ANNUAL REPORT.

3/5/97

