

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 # P96000054303

1. Corporation Name

ANG RESOURCES, INC.

Principal Place of Business

3543 SOUTHOCEAN BLVD.
SUITE 115
PALM BEACH FL 33480

Mailing Address

3543 SOUTHOCEAN BLVD.
SUITE 115
PALM BEACH FL 33480

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

19355 TURNBERRY DR - 7F

City & State

AVENTURA FL

Zip

Zip 33180 Country USA

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

Title(s)	2	Name of Officers and/or Directors	3 (Do NOT Use Post Office Box Numbers)	4 Street Address of Each Officer and/or Director	City / State / Zip
1	2	GARDNER, ALBERT N	3 3543 S. OCEAN BLVD. SUITE 115	4 PALM BEACH FL 33480	
				700002353557--1 -11/21/97-01004-016 ****750.00 ****750.00	

8. Name and Address of Current Registered Agent

~~BLODIG, GREGORY J
100 WEST CYPRESS CREEK RD.
SUITE 700
FT. LAUDERDALE FL 33399~~

9. Name and Address of New Registered Agent

Name ALBERT GARDNER
Street Address (P.O. Box Number Is Not Acceptable)
19355 TURNBERRY WAY
Suite, Apt. #, Etc. 7F
City AVENTURA State FL Zip Code 33180

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 *Albert Gardner*

Date 11/15/97

REGISTERED AGENT MUST SIGN

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:

Albert Gardner ALBERT GARDNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/97 305-9331191
Date Daytime Phone #



REINSTATEMENT *91*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CR2E040 (8/97)