

2005 FOR PROFIT CORPORATION REINSTATEMENT

OS Rei

FILED

05 OCT 11 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09302005 REIN-P CR2E098 (6/04)

DOCUMENT # P96000069444

1. Entity Name
CASA DE ANGELA, INC.



Principal Place of Business
**18133 BOSLEY DR
SPRING HILL, FL 34610 US**

Mailing Address
**18133 BOSLEY DR
SPRING HILL, FL 34610 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number
59-3399959

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WHIDDEN, LARRY
18133 BOSLEY DR
SPRING HILL, FL 34610**

SIGNATURE: *Larry Whidden*

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE -- NAME STREET ADDRESS CITY - ST - ZIP	DPVS WHIDDEN, LARRY 18133 BOSLEY DR SPRING HILL, FL 34610 <input type="checkbox"/> Delete	TITLE -- NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other: like empowered.

SIGNATURE: *Larry Whidden*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____