

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

02 DEC -6 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007803

1. Corporation Name

ANGLE RIGHT CONSULTANTS INC.

2. Principal Office Address

911 W. ST. PETERSBURG DR.

3. Mailing Office Address

PO BOX 237

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OLDSMAR, FL

City & State

OLDSMAR, FL

Zip

34677

Country

USA

Zip

34677

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/21/97

5. FEI Number

593428594

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

STEVEN D. VOIGHT

Street Address (P.O. Box Number is Not Acceptable)

4120 GRANDCHAMP CIRCLE

Suite, Apt. #, Etc.

City

PALM HARBOR

State  
FL

Zip Code

34685

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

*Steven D. Voight*

REGISTERED AGENT MUST SIGN

Date 12/3/02

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	STEVEN D. VOIGHT	4120 GRANDCHAMP CIR.	PALM HARBOR, FL 34685

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:

*Steven D. Voight*

STEVEN D. VOIGHT PRES.

12/3/02

813)843-9920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/01)

js 12/10

Angle Right Consultants, Inc.  
PO Box 237  
Oldsmar, FL 34677

12/3/02

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

RE: Document # P97000007803 Year 2002

Dear Sir/Madam:

Pursuant to our telephone conversation in reference to the above, enclosed is completed Application for Reinstatement and a check for the \$150.00 filing fee.

Our office has not received the two prior UBR notices.

It would be appreciated, if you would afford us the consideration of filing this application.

Sincerely,



Steven D. Voight  
President