

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 15 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P 97 0000 20274**

1. Corporation Name

Angee & Associates, Inc.

2. Principal Office Address

10250 SW 56 street

Suite, Apt. #, etc.

Ste # A-202

City & State

Miami, FL 33165

Zip

33165

Country

USA

3. Mailing Office Address

10250 SW 56 street

Suite, Apt. #, etc.

Ste # A-202

City & State

Miami, FL 33165

Zip

33165

Country

USA

600016069246

04/15/03--01048--013 **450.00

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/1997

5. FEI Number

65-0736485

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

Jimmy Angee

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

10250 SW 56 street

Suite, Apt. #, Etc.

Ste # A-202

City

Miami

State

FL

Zip Code

33165

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

Date

3/24/03

REGISTERED AGENT MUST SIGN

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
President	Jimmy Angee	3914 SW 154 Place	Miami, FL 33185

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jimmy Angee

Date

3/24/03

Daytime Phone #

(850) 279-7550

2/4/16



Angée & Associates, Inc.

Miami, March 24, 2003.

Florida Department of State
Secretary of State
Division of Corporation
409 East Gaines Sheet
Tallahassee, FL 32399.

To Whom It May Concern:

This letter is to inform you that our office changed locations back on January 2001. Since that date we have not received any correspondence or notices regarding the Department of State.

Please make a note of our new address: 10250 SW 56 ST, Suite A -202. Miami, FL 33165.

Thank you.

Jimmy Angee.

A Licensed Mortgage Brokerage Business

10250 SW 56 St. # D-201 - Miami, Florida 33165

Tel: 305.279.7550 Fax: 305.279.7725 - Tampa-Orlando 1.888.404.7550