CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 13 PM 2: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000059038

1. Corporation Name
ANGEL & ANGEL, P.A.

2. Principal Office Address
1617 HENDRY STREET
Suite, Apt. #, etc.
SUITE 405
City & State
FORT MYERS, FL.
Zip 33901   Country LEE

3. Mailing Office Address
1617 HENDRY STREET
Suite, Apt. #, etc.
SUITE 405
City & State
FORT MYERS, FL
Zip 33901   Country LEE

4. Date Incorporated or Qualified To Do Business in Florida   JULY 7, 1997

5. FEI Number   65-0769828 | 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   ANN POE ANGEL

Street Address (P.O. Box Number is Not Acceptable)
1617 HENDRY STREET, SUITE 405
Suite, Apt. #, Etc.
SUITE 405
City   FORT MYERS | State FL | Zip Code 33901

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-05/27/02--01001--003
***1350.00   ***1350.00

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   _Ann Poe Angel_
REGISTERED AGENT MUST SIGN
Date   5/08/02

CR2E081 (9/01)

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
PRES.	ANN POE ANGEL	1617 HENDRY STREET SUITE 405	FORT MYERS, FL. 33901
V.P/ TREAS.	ROGER ANTHONY ANGEL	1617 HENDRY STREET SUITE 405	FORT MYERS, FL. 33901
		REINSTATEMENT 98-02/75	

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: _Ann Poe Angel_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ANN POE ANGEL
Date   5/8/02
Daytime Phone #   (239) 334-7677