PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -5 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/13/07--01007--019 **8.75

DOCUMENT # P97000094242

1. Corporation Name
Angel x Roz Holding Company Inc.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
2665 Park Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hallandale Fl.	City & State
Zip: 33009 Country: Broward	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 4/8/2003

5. FEI Number: 65-0791499 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Cicalese

Street Address (P.O. Box Number Is Not Acceptable): 2665 Park Road

Suite, Apt. #, Etc.

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City: Hallandale | State: FL | Zip Code: 33009

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Robert Cicalese — REGISTERED AGENT MUST SIGN — Date: 3/1/07

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Robert Cicalese	2665 Park Road	Hallandale Fl 33009

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: Robert Cicalese ROBERT CICALESE 3/1/07 (954) 923056
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #

PRES.

B. Mitchell MAR 5 2007