

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 OCT 20 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000064571

1. Corporation Name

V Angel V Inc.

100137066751  
10/20/08--01024--010 \*\*1058.75

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

765 Crandon Blvd.

Suite, Apt. #, etc.

411

City & State

Key Biscayne, FL

Zip

33149-2585

Country

US

3. Mailing Office Address

765 Crandon Blvd.

Suite, Apt. #, etc.

411

City & State

Key Biscayne, FL

Zip

33149-2585

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

7-22-1998

5. FEI Number  
65-0862384

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

Alberto Bustillo

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

11447 SW 86th LN

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 10-15-08

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
D/P	Miguel Henriquez	765 Crandon Blvd., Apt. 411	Key Biscayne, FL 33149
S	Maria C. Lopez	765 Crandon Blvd., Apt. 411	Key Biscayne, FL 33149
V	Miguel A. Henriquez	765 Crandon Blvd., Apt. 411	Key Biscayne, FL 33149
V	Vanessa Henriquez	765 Crandon Blvd., Apt. 411	Key Biscayne, FL 33149
T	Viviane Henriquez	765 Crandon Blvd., Apt. 411	Key Biscayne, FL 33149

**REINSTATEMENT**

**RH**

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 contained in Chapter 119, 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

Date

Daytime Phone #

305-361-8859