

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CC	RPC	RAT	ION
REI	NST/	<b>YTEN</b>	MENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P980006457/

1. Corporation Name

Signature of

V. Angel V., Inc.

FILED

03 JAN 27 PM 3: 08

SECRETARY OF STATE TALLAHASSEE, FI 650

Dale 01-24-03

2. Principal Office Address  707 (roadon Blyd - Suite, Apt. #, etc.		3. Mailing Office Address  707 (randon Blud. § Suite, Apt. #, etc.		0203			
2 <i>07</i> City & State	Bisca	Country U.S.A	207 City & State Key BISCO Zip 33149		4. Date Incorporated or To Do Business in F  5. FEI Number	· Qualified	Applied For Not Applicable Additional Fee require a Certificate of Status
			7. Name and	Address of Current Registe	red Agent		
***	S rite, Ap	10+	Not Acceptable)	que 2-	02/11/03	Zip Code	O8 **908. 5
	Ke	ay Biscaye	76		FL	33149.	
8. 1, being				familiar with and accept the	obligations of section 607.0	505 or 617.0503, F.S.	

Registered Age t REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers and/or Directors City / State / Zip Titles Officer and/or Director 707 crandon Blvd. 207 Key Biscayne, FC 33149 DP Higuel Henorquez Lopez 707 randon Blvd. 207 Keypiscayne, FC 33149. 5 Miguel A: Henriquez 707 cranton Bld. 2007 Key Biscayne, FL 33149 liviana Henriquez 707 Cranton Blud. 202 Key Biscayne FL33149 707 (randon BNd. 20) Key Biscayne FL33149

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.

SIG	NATI	JRE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-24-03 305-361- \$359 Date Daytime Phone # 0