

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000106801

1. Corporation Name  
ANGKA MANAGEMENT CONSULTANTS, INC.

Principal Place of Business Mailing Address  
~~4630 N. UNIVERSITY DRIVE~~ ~~4630 N. UNIVERSITY DRIVE~~  
~~PMB 309~~ ~~PMB 309~~  
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
20970 VIA OLEANDER # A 20970 VIA OLEANDER # A  
City & State City & State  
BOCA RATON FL BOCA RATON FL  
Zip Country Zip Country  
33428 USA 33428 USA

4. Date Incorporated or Qualified To Do Business in Florida 12/22/1998  
5. FEI Number 65-0899040 Applied For Not Applicable  
6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VAN SCHALKWYK, AREN J	<del>7532 EAGLE POINT DRIVE</del> 20970 VIA OLEANDER # A	<del>DELRAY BEACH FL 33448</del> BOCA RATON FL 33428

8. Name and Address of Current Registered Agent  
KENDALL, RICHARD C  
2900 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. 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: (AREN J. VAN SCHALKWYK) 10-15-2001 561-470-8809  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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**ANGKA MANAGEMENT CONSULTANTS INC.**

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20970 VIA OLEANDER # A  
BOCA RATON  
FL 33428

Tel: (561) 470-8809  
Fax: (561) 470-8895  
E-mail: [avanschalkwyk@adelphia.net](mailto:avanschalkwyk@adelphia.net)

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Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee  
FL 32314

November 09, 2001

Dear Sirs.

**ANGKA MANAGEMENT CONSULTANTS, INC**  
**2001 UNIFORM BUSINESS REPORT**

I refer to the above report, which was due for filing on May 01, 2001.

May I advise that I did not receive the original report and therefor were unable to file same within the time frame prescribed. May I further advise that I was overseas from March 2001 and only recently returned to the USA?

In light of the aforesaid I will appreciate if you would reinstate the said Corporation and in particular waive any penalties which may be applicable.

I therefor attach hereto the report for filing as well as the sum of \$150.00, representing the original filing fee.

Yours faithfully



Aren Van Schalkwyk  
(President)