

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P99000004061

1. Corporation Name

ARCHANGEL INVESTIGATIONS CORP.

Principal Place of Business

Mailing Address

9320 FOUNTAINBLEAU BLVD.  
B312  
MIAMI FL 33172

9320 FOUNTAINBLEAU BLVD.  
B312  
MIAMI FL 33172

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

2. New Principal Office Address, If Applicable

10300 Sunset Drive

Suite, Apt. #, etc.

140

City & State

MIAMI FL

Zip

33173

Country

DADE

3. New Mailing Office Address, If Applicable

10300 SUNSET DRIVE

Suite, Apt. #, etc.

140

City & State

MIAMI, FLORIDA

Zip

33173

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/1999

5. FEI Number 65-1097703 0414

11/16/01 APPLIED FOR

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	OJEDA, MEDARDO	9320 FOUNTAINBLEAU BLVD., B312	MIAMI FL 33172

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OJEDA, MEDARDO  
9320 FOUNTAINBLEAU BLVD.  
B312  
MIAMI FL 33172

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/01

305-220-5988

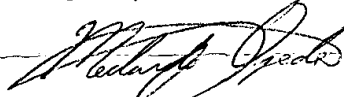
10-16-01

2082

To The State of Florida Division Of Corporations,

My Name is Medardo Ojeda and I am the sole proprietor and owner of the corporation named Archangel Investigations Corporation . My corporation can be identified in the State of Florida Division of Corporations under the identification number of P99000004061. The following situation has transpired in regards to my dealings with your agency. Upon today's date , that being October the 16<sup>th</sup> of the year two thousand and one. I was notified by your agency that my corporation has been dissolved due to the fact that I had failed to submit an annual progress report. I never received the form from your agency and as a result of this factor I did not send in the report. I have every intention of cooperating with your agency in every way possible and would like to have my corporation reinstated as well as the opportunity to send in the report that is required of my corporation. I would appreciate it if your agency would consider my request and furnish my corporation with the required paperwork as well as to reinstate it. I thank you for your time as well as any and all efforts upon my behalf that you would see fit to undertake.

Respectfully submitted,



Medardo Ojeda