

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99-28344*

1. Corporation Name

Angelini Blasting, Inc.

REINSTATEMENT *07-08*

600138327736
12/01/08--01044--015 **308.75

CR2E081 (10/08)

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

3461 S.W. 17th Street

Suite, Apt. #, etc.

3. Mailing Office Address

3461 S.W. 17th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

33312

Country

US

Zip

33312

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida *04/1999*

5. FEI Number
65-0910825

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Add: one Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Leah Angelini

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

3461 S.W. 17th Street

Suite, Apt. #, Etc.

City

Fort Lauderdale, Florida

State

FL

Zip Code

33312

☒ 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

Leah Angelini
REGISTERED AGENT MUST SIGN

Date *11/25/2008*

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
Pres.	Leah Angelini	3461 S.W. 17th Street	Fort Lauderdale, Florida 33312

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:

Leah Angelini

LEAH Angelini

Date

11/25/08

Daytime Phone #

954-822-3351