

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000051186

1. Entity Name
BOB & ANGEL HOLDING COMPANY, INC.



FILED

05 MAR 23 AM 11:28

Principal Place of Business

2844 STIRLING ROAD BAY E
HOLLYWOOD, FL 33020

Mailing Address

2844 STIRLING ROAD BAY E
HOLLYWOOD, FL 33020

2665 South Park Road
Dembroke Park FL 33009

REINSTATEMENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA - 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
65-0965585

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CICALESE, ROBERT
2844 STIRLING ROAD BAY E
HOLLYWOOD, FL 33020

2665 South
Park Road
Dembroke Park
FL 33009

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Robert Cicalse

(NOTE: Registered Agent signature required when reinstating)

3/21/5

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME CICALESE, ROBERT
STREET ADDRESS 1010 S OCEAN BLVD
CITY-ST-ZIP POMPAHO BEACH, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800049778418
04/04/05--01019--019 **308.75

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Cicalse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/5

Date

Daytime Phone #