


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION REINSTATEMENT**



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

**01-02 UBA**

**FILED**

02 JAN -7 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 99000102224

**1. Corporation Name**  
ANGEL'S COVE MOTEL INC

<b>2. Principal Office Address</b> HWY 41 SOUTH Suite, Apt. #, etc. RTE 6 BOX 1533 City & State LAKE CITY FL Zip 32025		<b>3. Mailing Office Address</b> 35525 GEORGETOWN DR Suite, Apt. #, etc. City & State STERLING Hgts, MICH Zip 48312 Country USA	
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**4. Date Incorporated or Qualified To Do Business in Florida** 11-23-1999

**5. FEI Number** 59-3609352

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: DOROTHY L. PEYROLO  
Street Address (P.O. Box Number is Not Acceptable): HWY 41 SOUTH  
Suite, Apt. #, Etc.:  
City: LAKE CITY  
State: FL  
Zip Code: 32025

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**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: Dorothy L. Peyrolo Sec. Inc. Date: 1-3-02  
REGISTERED AGENT MUST SIGN

**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
P	DOROTHY L PEYROLO	35525 GEORGETOWN DR	STERLING Hgts MI 48312
S	DOROTHY L PEYROLO	SAME	SAME
T	DOROTHY L PEYROLO	"	"

**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.**

SIGNATURE: Dorothy L. Peyrolo DOROTHY L. PEYROLO 1-3-02 586-268-8304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WORK-386-977-9971

CR2E01 (9/01)

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Jan 3, 2002

To Whom it May Concern,

I'm sorry but I did not receive the necessary forms to fill out for 2001. Please accept my check for the fees needed for the year 2001 + also 2002.

Thank you  
Dorothy S Reynolds Pres  
Angel's Cove Motel Inc.  
document # P99000102224