

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 14 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000105818**

1. Corporation Name

ANGEL LIMO OF THE PALM BEACHES, INC.

Principal Place of Business

Mailing Address

~~1815 PLEASANT DRIVE
NORTH PALM BEACH FL 33408~~

~~1815 PLEASANT DRIVE
NORTH PALM BEACH FL 33408~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

Suite, Apt. #, etc.

4452 N. SAN ANDROS

Suite, Apt. #, etc.

4452 N. SAN ANDROS

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33411

Country
USA

Zip
33411

Country
USA

5. FEI Number

65-0977065

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ISAKOVIC, IVAN	1815 PLEASANT DRIVE	NORTH PALM BEACH FL 33408
		4452 N. SAN ANDROS	WEST PALM BEACH, FL
			33411

300024704759
11/14/03 01036 010 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISAKOVIC, IVAN

~~1815 PLEASANT DRIVE~~

~~NORTH PALM BEACH FL 33408~~

Name

IVAN ISAKOVIC

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

4452 N. SAN ANDROS

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33411

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. or 617.0505, F.S.

Signature of
Registered Agent

Ivan Isakovic

Date

Nov-10/03

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:

Ivan Isakovic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 10/03
Date

(561) 625-4455
Daytime Phone #

CR20040 (7/03)

From: IVAN ISAKOVIC

"ANGEL LIMB OF THE PALM BEACHES INC."

20/2

PRIOR VBR NOTICES WERE NOT RECEIVED!

\$150 FEE INCLUDED IN THIS LETTER.

PLEASE NOTE CHANGE OF THE ADDRESS!

PRESIDENT:

IVAN ISAKOVIC

Ivan Isakovic