

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT 28 PM 1:35

DOCUMENT # S62335

1. Corporation Name

ANGLETON HOLDINGS, INC.

400137619744
11/04/08--01028--009 **450.00

CR2E081 (10/08)

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

12521 NW 75TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

12521 NW 75TH ST

Suite, Apt. #, etc.

City & State

PARKLAND FL

City & State

PARKLAND FL

Zip

33076

Country

USA

Zip

33076

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/1991

5. FEI Number

65-0268661

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

GEORGE R. MORAITIS

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

915 MIDDLE RIVER DR

Suite, Apt. #, Etc.

SUITE 506

City

FT LAUDERDALE

State

FL

Zip Code

33304

☒ 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

REGISTERED AGENT MUST SIGN

Date 10/27/2008

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
DPST	JUAN MANUEL DANGOND	12521 NW 75TH ST	PARKLAND FL 33076

B 10/28/08
REINSTATEMENT 67-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/2008

Date

Daytime Phone #