	A TOTAL STREET,				
PLEASE READ	ALL INSTRUCTIONS	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OMPLETI	NG THIS FORM.	
APPLICATION	FLORIDA DEPARTMEN Sandra B. Morti	1, 415233	FILED		
FOR REINSTATEMENT	Secretary of St DIVISION OF CORPOR		۵	6 DEC 23 PM 2:41	
DOCUMENT # V20802					
1 Corporation Name ANGUS EXTEX prises, In				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
"	•				
Principal Place of Business Mailing Address Mailing Address Mailing Address Rown Ro			REINSTATEMENT <u>059</u>		
FHOIAN TOWN FL 34956			LECIENCE LE GENERA POLICIENTE		
If above addresses are incorrect in any way, line thr		correction below.		DO NOT WRITE IN THIS SPACE	
New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable Control Applicable		bla	4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt #, etc.	/\'\\^-		5. FEI Number Applied For Not Applicable		
Zip Country	Zip Country	,	6.	OF STATUS DESIRED S875 Addition	nal Fee required
7. Names and Street Addresses of Each Officer and				(24) (4) (25) (4)	
Title(s) and/or Directors Office 1 2 3 (Do NOT Use)		et Address of Each cer and/or Director e Post Office Box N	or City / State / Zip		
THE BICKAND S	BRUW Toula	INTOLIN	T-L.	INDIAN TOWN	FL 3456
U.P. Tank Bhow	11/5/56	v FOX BI	Bows.	INdiAIX Town	
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			8	0000203936 -12/27/9601061	84 006
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				Jb12-23-	q_{ρ}
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
RICHARD 5 13 ROWN 11151 SW FOX BROWN Rd TNAIN TOWN, FL 34956		Street Address (P.O. Box Number Is Not Acceptable)			900
T. J. and Town FL 34956		Suite, Apt. #, Etc.			8
LNAIM 10 City			State Zip Code FL		
10. I, being appointed the registered agent of the above named corporation, am admiliar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent Agent Agent MUST SIGN Date 2-19-26					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No On Intangible tax.)					
12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Dwisch of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exampt from public access; certify that I am an afficer 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 filling this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401 F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same logal effect as if made under eath					
SIGNATURE: SIGNATURE AND TYPED OR PE	INTED HAME OF SIGNING OFFICER OR	RICHIAN DIRECTOR	ol SB	ROWN PILLS 12 Dayting Pho	19.96