

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 21 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V44791

1. Corporation Name

Angie Angelis, P.A.
Attorney At Law

2. Principal Office Address

6401 SW 87th Avenue

3. Mailing Office Address

6401 SW 87th Avenue

Suite, Apt. #, etc.

Suite 114

Suite, Apt. #, etc.

Suite 114

City & State

Miami, FL

City & State

Miami, FL

Zip

33173

Country

US

Zip

33173

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/19/1992

5. FEI Number

650339905

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

Angie Angelis, Esquire

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

6401 SW 87th Avenue

Suite, Apt. #, Etc.

Suite 114

City

Miami

State

FL

Zip Code

33173

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

Date 4/14/2003

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
Pres	Angie Angelis, Esquire	6401 SW 87th Avenue, Suite 114	Miami, FL 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

305.598.2540

Daytime Phone #

CR2E081 (10/02)

4/21/03

Angie Angelis, P.A.
Attorney at Law



6401 S.W. 87th Avenue ♦ Suite 114 ♦ Miami, Florida 33173
Telephone (305) 598-2540 ♦ Fax (305) 598-6601
www.angelaw.net

April 14, 2003

Department of State
Division of Corporation/Reinstatement
P.O. Box 6327
Tallahassee, FL 32314

Dear Reinstatement Office:

Please be advised that our office did not receive a UBR packet for 2002. We have downloaded and completed a Corporate Reinstatement form for Angie Angelis, P.A.

Enclosed please find our check for \$300.00 that represents the filing fees for 2002 and 2003 for reinstatement as an active corporation.

Thank you for your assistance and cooperation in resolving this matter.

Very truly yours,


Angie Angelis, Esquire
AA/vs

Enclosures