

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 18 AM 8 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000135349

1. Corporation Name
Apogee Leasing, Inc.

2. Principal Office Address - No P.O. Box #
2626 Delmar place
Suite, Apt. #, etc.

3. Mailing Office Address
2626 Delmar Pl
Suite, Apt. #, etc.

CR2E081 (11/10)

City & State
Pt. LAUD, FL
Zip
33301
Country
USA

City & State
Pt. LAUD, FL
Zip
33301
Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 10/25/2006

5. FEI Number
205927339 Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent
Name
Louis D. Paolino, JR
Street Address (P.O. Box Number is Not Acceptable)
2626 Delmar place
Suite, Apt. #, Etc.
City
Pt. LAUD State
FL Zip Code
33301

900259202909
04/18/14--01034--019 **750.00

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 [Signature] Louis Paolino Date 4/16/14
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	Louis D. Paolino JR	2626 Delmar Pl	Pt. LAUD, FL 33301
D	Louis D. Paolino JR	2626 Delmar Pl	Pt. LAUD, FL 33301

APR 18 2014
M. WILLIAMS
954-462-8377

10. E-mail Address: denise@lp100.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
SIGNATURE: [Signature] Louis D. Paolino JR Date 4/16/14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #