

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 AUG 21 PM 4: 04

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000028582

1. Corporation Name

A & P Financial Services, Inc

08-09  
900155532269  
05-06-09 01021 027 \$150.00  
07-14-08 90095 001 \$150.00  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
2248 S. W. 24th Terrace

3. Mailing Office Address  
21050 Point Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1401

City & State  
Miami, FL.

City & State  
Aventura, Fl.

Zip Country  
33145 USA

Zip Country  
33180 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
65-0567997

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  
Joanna Parker

Street Address (P.O. Box Number is Not Acceptable)  
2248 S. W. 24th Terrace

Suite, Apt. #, Etc.

City  
Miami, Fl.

State  
FL

Zip Code

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

*Joanna Parker*  
REGISTERED AGENT MUST SIGN

Date *8/10/09*

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
PD	E. W. Andich	21050 Point Place	Aventura, Fl. 33180
VPD	Joanna Parker	2246 S. W. 22nd Avenue	Miami, FL. 33145

REINSTATEMENT

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:

*E. W. Andich, Pres*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8/10/09* 305-692-1804  
Date Daytime Phone #

*E. W. ANDICH*

*8. Mitchell* AUG 21 2009