

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000108515**

1. Corporation Name

EAPPS, INC.

Principal Place of Business

Mailing Address

**3229 NORTHEAST 169TH STREET
MIAMI FL 33160**

**3229 NORTHEAST 169TH STREET
MIAMI FL 33160**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

65-0968542

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	PAPIR, CHARLES	3229 NORTHEAST 169TH STREET	MIAMI FL 33160
			300023820563 10/15/03--01062--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PAPIR, CHARLES
3229 NE 169TH ST
MIAMI FL 33160**

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-9-03**

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., 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

10-9-03 305-947-1636

Date

Daytime Phone #

CR2E040 (7/03)

From: Charles Papir
President
eApps Inc.
3229 NE 169th St
Miami FL 33160

Phone: 305-947-1636

FAX: 305-947-8782

DATE: 10-9-03

To whom it may concern,

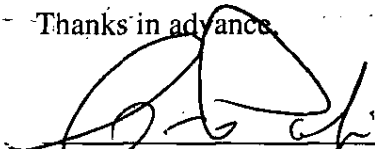
On October 8, 2003 I received the notice of Administrative Dissolution. On October 9, 2003 I called the office of Division of Corporation and explained the situation. That I had not received the other mailings with the forms and/or warning of the missing filing.

I do want the Corporation re-instated as soon as possible.

I requested an abatement of the penalty from the agent on the phone. The agent indicated that I should write a letter explaining, as I did above, that I had not received the previous mailing along with the completed application and a check for \$150.00.

Please accept my apologies for any inconvenience that I might have caused and please let me know if this action does indeed reinstate the corporate status.

Thanks in advance.

A handwritten signature in black ink, appearing to read 'Charles Papir', written over a horizontal line.

Charles Papir - President