PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 APR -9 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000103987

1. Limited Liability Company's Name
APS, P.L.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1467 CADES BAY AVENUE	1467 CADES BAY AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FL	City & State: JUPITER, FL
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/21/2005

6. FEI Number: 20-3733962 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: VINCENT M GENDUSA
Street Address (P.O. Box Number is Not Acceptable): 1467 CADES BAY AVENUE
Suite, Apt. #, Etc.:
City: JUPITER State: FL Zip Code: 33458

E-mail Address:
100246622061
04/10/13--01001--010 **655.00
vincent@apspl.net
(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 04/08/2013
REGISTERED AGENT MUST SIGN VINCENT GENDUSA, Registered Agent by Kristine Roy, Attorney-in-Fact

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	VINCENT GENDUSA	1467 CADES BAY AVENUE	JUPITER, FL 33458
			APR 10 2013
			FILED

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 04/08/2013 Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager: VINCENT GENDUSA, Manager by: Kristine Roy, Attorney-in-Fact