PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of Corporations	14 APR 18 AM 8 00
DOCUMENT # PO6000 35349		SECRETARY OF STATE TALLAHASSED, FLORES
Apogee Leasing, Inc.		
2. Principal Office Address - No P.O. Box # acade Delmar sulte, Apr. #, atc.	3. Mailing Office Address Suite, Apt. #, etc.	CR2E081 (11/10)
City & State Ft. LAUCH (FZ. Zip Country	Pt. LAUD FZ	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fire required
	ss of Current Registered Agent	for a Continuate of Status
Street Address (P.O. Box Number is Not Accept QQQ Del MA Suite, Apt. #, Efc.	olino, JR 2 place FL 33301	900259202909 04/18/1401034019 **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 REGISTERED AGENT MUST SIGN Date 4/1/6/14		
Names and Street Addresses of Each Office Name of Officers and/or Direct	r and/or Director (Florida nonprofit corporations must list at it Street Address of Each ors Officer and/or Director	2(1.12.1.12)
	actinotr aleale De	
D Layis D. PA	dinote a626 Deli	
		APR 1.8 2014 NA. VVILLIAMS
		994-462-8377
10. E-mail Address: (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 817, 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 807.0401 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 AND TYPED OR PRINTED NAME OF BIGMING OFFICER OR DIRECTOR DAM DEVILOP PHONE PHONE		