

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

CR2E081 (11/10)

DOCUMENT # P06000135349

1. Corporation Name

Apogee Leasing, Inc.

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

2626 Delmar place 2626 Delmar Pl
Suite, Apt. #, etc.

City & State

City & State

Pt. LAUD, FL

Pt. LAUD, FL

Zip Country

Zip Country

33301 USA

33301 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

Louis Paolino

REGISTERED AGENT MUST SIGN

Date 4/16/14

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:

Louis D. Paolino JR

4/16/14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #