2004 FOR PROFIT CORPORATION

| REINSTATEMENT F | | | | OF OPETA | PILEU |
|--|---|---|------------------------------------|--|---|
| DOCUMENT # F02000001782 | | | | DIVISION OF | RY OF STATE CORPORATIONS |
| 1. Entity Name APOLLO WORLDWIDE, INC. | | | | OF HOW | 0 011 1 -0 |
| , 0220 | ************************************** | | | U4 NUV - | 2 PM 4: 08 |
| Principal Plac | e of Business | Mailing Address | | | |
| 7280 GEORGIA AVENUE, # 3 WEST PALM BEACH, FL 33405 | | 7280 GEORGIA AVENUE, # 3 WEST PALM BEACH, FL 33405 | | | |
| 77201 | DEFINITION OF THE STATE OF THE | THE THE TEN SERVICE OF THE TEN | 33 100 | | 88) #8(8()(8) (8) 88 84 1888 118 84 81 85 8 |
| 2. Principal Place of Business 2875 S. OCEAN BLVD | | 3. Mailing Address Z875 S. OCEAN BLVD | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10082004 REIN-P | CR2E098 (6/04) |
| City & State | BEACH FL | TALM BEAC | u FL | 4. FEI Number 52-2060178 | Applied For Not Applicable |
| 3349 | Country | Zip 33480 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 6. Name and Address of Current R | | | 7. Name and Address of New Reg | istered Agent |
| MCDAVITT, JOHN M | | | P.O. Box Number is Not Acceptable) | | |
| | FOOT COVE O, FL 33462 | | Street Address (| r.O. Box Number is Not Acceptable) | |
| | | | City | | FL Zip Code |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept | | | | | |
| the obligations of registered agent. 10/24/04 | | | | | |
| SIGNATURE. | Sign raure, typed or printed name of registered agent ar | nd title if applicable. (NOTE: | Registered Agent signature requir | red when reinstating) | DATE |
| FILE NOW!!! FEE IS \$750,00 | | | | | |
| | nuary 1, 2005, Fee will be \$900.00 | • | | | |
| 10. TITLE | OFFICERS AND D | DIRECTORS Delete | 11. | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 11 Change Addition |
| NAME . | MCDAVITT, JOHN M | C Delete | NAME | | C CHRIST C AGENON |
| STREET ADDRESS CITY-ST-ZIP | 140 BAREFOOT COVE HYPOLUXO, FL 33462 | | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE | S | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | MCDAVITT, CHERYL A 140 BAREFOOT COVE | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | HYPOLUXO, FL 33462 | | CITY-ST-ZIP | | |
| TITLE | D | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME STREET ADDRESS | THOMAS, CLINT 703 PONTE VEDRA BLVD | | NAME STREET ADDRESS | • | ŀ |
| CITY-ST-ZIP | PONTE VEDRA, FL 32082 | • | CITY-ST-ZIP | ************************************** | |
| TITLE NAME | D DORRIS, JIM | □ Delete | TITLE NAME | | Change Addition |
| STREET ADDRESS | 140 BAREFOOT COVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HYPOLUXO, FL 33462 | | CITY-ST-ZIP | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | 7000424 | ☐ Change ☐ Addition |
| STREET ADDRESS | • | | STREET ADDRESS | 7000424 11/02/0401063- | -012 **150.00 |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE NAME | , , | ☐ Delete | TITLE NAME | , | C Charge C Addition |
| STREET ADDRESS | | | STREET ADDRESS | • | |
| CiTY-ST-ZiP | pertify that the information supplied with t | this filling does not gualify for t | CITY-ST-ZIP | action 119.07(3)(i) Florida Statutes 1.6 | orther certify that the information |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: 2th M MULLANTE JOHN M. MCDAVITT 10/24/04 5857756 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |





October 27, 2004

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Katrina Sutphin

RE: Letter Number: 504A00058486

Dear Ms.-Sutphin: -

We received your letter regarding the Administrative Dissolution of Apollo Worldwide, Inc., Reference F02000001782.

This correspondence was delayed, as it went to our old address and was then forwarded. Please note, for your records, our new address.

However, our records indicate a check, in the amount of \$150.00, for the annual fees was sent to the Florida Department of State on 1/21/04.

Bank records indicate that this check was not cashed so it was evidently lost in the mail.

Enclosed is a replacement check for \$150.00. Under these circumstances please waive the reinstatement fee.

Thank you for your consideration.

Sincerely,

J. Michael McDavitt

President

Apollo Worldwide, Inc.

Enc. Chk: 2241; '04 REIN form;cy. 504A00058486