

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 APR 15 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F07000004414

1. Corporation Name

F&S Apex, Inc.

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

23625 Commerce Park

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Beachwood, OH

City & State

Zip

44122

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

8/31/07

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

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

~~4201 Hayes Street~~ 1201 Nays street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Joyce L. Markley*  
REGISTERED AGENT MUST SIGN

Joyce L. Markley  
as its agent

Date 4/15, 2010

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/D	Franklin Seidelmann	23625 Commerce Park	Beachwood, OH 44122
T/S	Steven B. Kaminsky	23625 Commerce Park	Beachwood, OH 44122

10. E-mail Address: william.paradis@fs-rad.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., 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.

SIGNATURE:

*823*

Steven B. Kaminsky,

4/12/10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 15 2010