

PLEASE READ ALL INSTRUCTIONS BEFORE

15 APR 10 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F07000008030					
1. Corporation Name Apple Eight Services Tampa, Inc.					
2. Principal Office Address - R/S P.O. Box # 814 E Main Street Suite, Apt. #, etc.			3. Mailing Office Address 814 E. Main Street Suite, Apt. #, etc.		
City & State Richmond, VA			City & State Richmond, VA		
Zip 23219	Country USA	Zip 23219	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/10/2007	
				5. PET NUMBER 26-1471084	Applied For New Application
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, etc.				6. CERTIFICATE OF STATUS DESIRED	
City Plantation		State FL	Zip Code 33324	REINSTATEMENT 2013-2015	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0806 or 617.0803, F.S. Signature of Registered Agent <u>Connie B...</u> Date <u>4/10/2015</u> REGISTERED AGENT MUST SIGN					
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	
Director/President	Justin Knight	814 E. Main St.		Richmond, VA 23219	
VP	David Buckley	814 E. Main St.		Richmond, VA 23219	
VP	Bryan Peery	814 E. Main St.		Richmond, VA 23219	
VP	Kristian Gathright	814 E. Main St.		Richmond, VA 23219	
10. E-mail Address: <u>cdalavida@applierell.com</u> (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 is a felony as provided for in s.617.155, F.S.					
SIGNATURE: <u>David Buckley</u>		Vice President 4/10-15 804-344-8121			

APR 10 2015

M. WILLIAMS

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000089064 3)))



H150000890643ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
APPLE EIGHT SERVICES TAMPA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Electronic Filing Menu

Corporate Filing Menu

Help