

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 15 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F51452

1. Corporation Name

APOLLO BEACH SHOPPING CENTER, INC.

Principal Place of Business

Mailing Address

6418 U.S. HWY. 41 N.
SUITE 264
APOLLO BEACH FL 33572

BARNES, ALBERT R., SR
701 SPANISH MAIN DR LOT 536
CUDJOC KEY FL 33042
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date incorporated or Qualified
To Do Business in Florida

10/15/1981

5. FEI Number

16-9263841

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
VTS	BARNES, MARY K.	701 SPANISH MAIN DR LOT 536	CUDJOC KEY FL LS

000003050570--5
-11/22/99-01028-001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARNES, ALBERT R SR.
ROUTE 2, BOX 38
LOT 536
SUMMERLAND BEACH FL 33042

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Albert R Barnes Sr.

REGISTERED AGENT MUST SIGN

Date

11/2/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Albert R Barnes Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/99

Date

Daytime Phone #



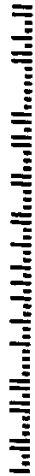
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, Florida 32314



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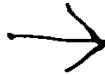
APOLLO BEACH SHOPPING CENTER, INC.
BARNES, ALBERT R., SR

TO:



*I spoke to you
on phone ALBARNES*

*5 Lakeview Manor Pk
Morgantown Wv 26505*



ALBERT R. BARNES SR.
238 LAKEVIEW. DR.
MORGANTOWN, WV 26508

Tyrone

I am kind of Person that would
Not overtook paying something if
There was a 300% Penalty Fee
Please Reconsider Because I
Have no Knowledge of Receiving
The First Notice. Albert Barnes

Post office Changed
Addresses & I Have
Been Having trouble
Getting My Mail this is
A Problem. (2)