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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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)

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

000003050570--5
-11/22/99--01020--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

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. Date: 11/2/99
REGISTERED AGENT MUST SIGN

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.

1- 304-594-0867

SIGNATURE: Albert R Barnes Sr. 11/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024788 AF

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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

I spoke To you on Phone Albarnes

0024788 AF **AUTO T1 3 0610 33042-433301
F51452

TO:

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

5 Lakeview Manor Rd
Morgantown WV
26505

D

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

Tyrone

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

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

(2)