

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 1:52

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-11/07/00--01119--027

****750.00 ****750.00



REINSTATEMENT

04/06/1995

5. FEI Number

93-1170046

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

DOCUMENT # F95000001685

1. Corporation Name

APTEK WILLIAMS, INC.

Principal Place of Business

Mailing Address

700 NW 12TH AVENUE
DEERFIELD BEACH FL 33442

700 NW 12TH AVENUE
DEERFIELD BEACH FL 33442

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

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PDT	ITIN, THOMAS W	7800 ORCHARD LAKE ROAD, STE 424 32751 Middlebelt Rd Suite B	WEST BLOOMFIELD MI Farmington Hills, MI 48334
DS	HERLIN, GERARD A Thomas K. Ziegler	700 N.W. 12TH AVE	DEERFIELD BEACH FL 33442
DV	VELAT, RONALD J	700 N.W. 12TH AVE	DEERFIELD BEACH FL 33442
AS	MENSALE, MAURICE	700 N.W. 12TH AVE	DEERFIELD BEACH FL 33442
AS	MAIKOETTER, MARY M	609 EAST SPEER BLVD 3RD FLOOR	DENVER CO 80203

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

~~2 BISCAYNE TOWER~~

~~2 SOUTH BISCAYNE BLVD, 1340~~

~~MIAMI FL 33134~~

Name

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

11 SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-19-00

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:

11 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-421-8250

CR2E040 (8/00)