

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # F96000000409

1. Corporation Name

AFRICAN PRIDE CO.

Principal Place of Business

625 MADISON AVENUE
NEW YORK NY 10022

Mailing Address

625 MADISON AVENUE
NEW YORK NY 10022

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

2. New Principal Office Address, If Applicable
2210 MELSON AVENUE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
2210 MELSON AVENUE

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32254

Country

DUVAL

Zip

32254

Country

DUVAL

4. Date Incorporated or Qualified To Do Business in Florida

01/05/1996

5. FEI Number

13-3861826

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
P	MARKS, BRIAN K	145 HUGUENOT ST	NEW ROCHELLE NY
V/S	MICHAEL POWELL	625 MADISON AVENUE	NEW YORK, NY 10022
V	VINCENT BOVA	625 MADISON AVENUE	NEW YORK, NY 10022

2000004778802--3
-01/16/02--01080--002
***158.00 ***150.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Brian Courtney
as its agent

REGISTERED AGENT MUST SIGN

Date

12-19-01

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/18/01 (212) 527-5244



2210 Melson Avenue
Jacksonville, FL 32254

December 11, 2001

STRICTLY CONFIDENTIAL

Florida Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: **AP Products Ltd.**
EIN: 13-3861826
Document Number: F96000000409

To Whom It May Concern:

As the tax manager for the above-mentioned taxpayer, I am responding to your form (copy attached) regarding the application for reinstatement.

Enclosed is a check for \$150. This total represents the annual report fee for 2001. Please waive the reinstatement fee of \$600. The original report and previous notices were not received. This is the first notice AP Products received regarding the Florida Annual Report filing requirement.

This information and fee should put AP Products Ltd. in good standing with the State of Florida.

Thank you for your cooperation. If you have any questions, please contact me at 904.366.5586.

Regards,

A handwritten signature in black ink, appearing to read "Kevin T. O'Steen".

Kevin T. O'Steen

Enclosures