

1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT -8 PM 7:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006879

1. Corporation Name

APACHE PRODUCTS COMPANY

2. Principal Office Address - No P.O. Box #

4500 South Frontage Rd

State, Apt. #, etc.

City & State

Lakeland, FL

Zip

33815

Country

Polk

3. Mailing Office Address

P.O. Box 339

State, Apt. #, etc.

City & State

Mauldin, SC

Zip

29662

Country

Greenville

CR2E091 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/1996

5. FEI Number

592732589

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

State, Apt. #, etc.

City
Plantation

State

FL

Zip Code

33324

OCT - 8 2014

L. SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Michelle Holder, Asst. Sec.

REGISTERED AGENT, MUST SIGN

Date 10/07/2014

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
D	Webster, Bruce C.	1000 Urban Center Drive	Birmingham, AL 35242
CFO	Thompson, Gregory	115 Whitsett Street	Greenville, SC 29601

REINSTATEMENT 07-14

10. E-mail Address: gthompson@scottlandco.com

(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 constitutes a third degree felony as provided for in s. 817.159, F.S.

SIGNATURE:

Gregory Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/2014

Date

864-528-558

Daytime Phone #



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**CORPORATION REINSTATEMENT
APACHE PRODUCTS COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,808.75