

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV -8 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G39831**

1. Corporation Name

APEX INSURANCE SERVICES, INC.

Principal Place of Business

Mailing Address

~~3200 W. FEDERAL HWY.~~
228
BOCA RATON FL 33431
US

~~3200 W. FEDERAL HWY.~~
228
BOCA RATON FL 33431
US

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

2. New Principal Office Address, If Applicable
3200 N. FEDERAL HWY
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
3200 N. Federal Hwy
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1983

5. FEI Number

59-2288401

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
PD	JACOBSON, MARVIN A.	3200 FEDERAL HWY 3200 N. FEDERAL HWY	BOCA RATON FL 33421 BOCA RATON FL 33431
			800003488458--7
			12/05/00 01117-012
			***158.75 ***158.75

8. Name and Address of Current Registered Agent

WIENER, MARVIN I.
2121 PONCE DE LEON BLVD., SUITE 1040
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **MARVIN A. JACOBSON**
Street Address (P.O. Box Number is Not Acceptable)
3200 N. FEDERAL HWY.
Suite, Apt. #, Etc. **228**
City **BOCA RATON** State **FL** Zip Code **33431**

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/12/10**

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

Date **10/18/10** (561) 916-5455
Daytime Phone #

CR2E040 (8/00)