

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **G52672**

1. Corporation Name

APEX INSTRUMENTS SERVICE, INC.

Principal Place of Business

5595 NW 36TH STREET
MIAMI FL 33166

Mailing Address

5595 NW 36TH STREET
MIAMI FL 33166

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1983

5. FEI Number

59-2316771

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	HIDALGO, LUIS M.	7161 W 2ND WAY	HIALEAH FL
V	HIDALGO, MARIA A.	7161 W 2ND WAY	HIALEAH FL
			700005554407--9 -05/16/02--01028--021 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

HIDALGO, LUIS M.
15630 N.W. 83RD PLACE
MIAMI FL 33016

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

REGISTERED AGENT MUST SIGN

Date

04/30/2002

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:

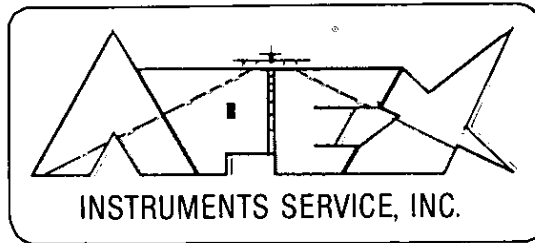
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/30/2002

Daytime Phone #

CR2ED40 (8/01)



F.A.A. Approved Repair Station VU4R609

Miami, April 30, 2002

Florida Department Of State
Katherine Harris
Secretary of State
Division Of Corporations.

Dear Mrs Harris:

The purpose of this letter is to request a waiving of the reinstatement fee for our corporation. As per our telephone conversation with Mrs. Michelle Milligan today, she explained that our corporation was dissolved because our annual report for last year was rejected for being incomplete, however you did receive the annual fee. We were not aware of this situation and did not receive a rejection letter. We are attaching our application for reinstatement along with a check in the amount of US\$ 158.75 to cover this years (2002) annual report and the Certificate of Status.

Please look into this situation and advise us if you require any additional information.

Thanking you in advance

Sincerely

Luis Hidalgo
President