PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JUL 12 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K63555

300183193083
07/12/10--01057--010 **1658.75

REINSTATEMENT 04-10
CR2E081 (6/10)

1. Corporation Name
APIX, INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address TRAIL
10336 MALLARD LANDINGS	11310 S. ORANGE BLOSSOM
Suite, Apt. #, etc. —	Suite, Apt. #, etc. #250
City & State ORLANDO, FL.	City & State ORLANDO FL
Zip 32832 Country USA	Zip 32837 Country USA

4. Date Incorporated or Qualified To Do Business in Florida Feb. 06, 1989

5. FEI Number 65-0103855 ☐ 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: CHRIS J. TSIPOURAS

Street Address (P.O. Box Number is Not Acceptable): 10336 MALLARD LANDINGS

Suite, Apt. #, Etc. —

City: ORLANDO State: FL Zip Code: 32832

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: Chris J. Tsipouras
REGISTERED AGENT MUST SIGN

Date: July 07, 2010

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
P	PETER TSIPOURAS	10336 MALLARD LANDINGS	ORLAND, FL. 32832
VP/S	CHRIS TSIPOURAS	10336 MALLARD LANDINGS	ORLANDO, FL. 32832

10. E-mail Address: CHRIS@APIXCORP.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., 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.

SIGNATURE: Chris J. Tsipouras Vice-President July 07, 2010 407-455-3722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/15 ao