PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
96 DEC -3 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/04/96--01051--010
****575.00 ****575.00

DOCUMENT # R66805

1. Corporation Name

APS Group Corp.

Mailing Address
8285 NW 64 Street
Unit 6
Miami, Florida 33166

Principal Place of Business
same

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

REINSTATEMENT 15-96

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
3000 South Federal Hwy	3000 South Federal Hwy
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami, Florida	Miami, Florida
Zip: 33129 Country: Dade	Zip: 33129 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 02-14-89

5. FEI Number: 65-0149243 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres	Santos, Elizabeth Paes Dos	3000 South Federal Hwy	Miami, Florida 33129
V-P	Santos, Alexander Paes Dos	3000 South Federal Hwy	Miami, Florida 33129
Sec	Santos, Margaret Paes Dos	3000 South Federal Hwy	Miami, Florida 33129
Trea	Santos, Helena Paes Dos	3000 South Federal Hwy	Miami, Florida 33129

12/03/96

8. Name and Address of Current Registered Agent

C/O Tax Management Services Corp.
7925 NW 12 Street
Suite 324
Miami, Florida 33126

9. Name and Address of New Registered Agent

Name: Elizabeth Paes Dos Santos
Street Address (P.O. Box Number is Not Acceptable): 3000 South Federal Highway
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33129

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 11/29/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: _____ 11/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6/94)