

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 APR -9 AM 11:26

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L05000103987

1. Limited Liability Company's Name

APS, P.L.

CR2E041 (1/11)

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

1467 CADES BAY AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

1467 CADES BAY AVENUE

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/21/2005

City & State

JUPITER, FL

City & State

JUPITER, FL

Zip

33458

Country

USA

Zip

33458

Country

USA

6. FEI Number

20-3733962

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

VINCENT M GENDUSA

Street Address (P.O. Box Number is Not Acceptable)

1467 CADES BAY AVENUE

Suite, Apt. #, Etc.

City

JUPITER

State

FL

Zip Code

33458

E-mail Address:

**100246622061
04/10/13--01001--010 **655.00**

vincent@apspl.net

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Date 04/08/2013

REGISTERED AGENT MUST SIGN

VINCENT GENDUSA, Registered Agent by Kristine Roy, Attorney-in-Fact

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	VINCENT GENDUSA	1467 CADES BAY AVENUE	JUPITER, FL 33458

APR 10 2013

OTALEO

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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. 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.817.155, F.S.

**Signature of Managing
Member/Manager**

Date 04/08/2013

Daytime Phone # 561-694-8107

Typed or printed name of signing Managing Member/Manager **VINCENT GENDUSA, Manager by: Kristine Roy, Attorney-in-Fact**