PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 27 AM 10:31

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000085883

1. Limited Liability Company's Name

2010

APG CAPITAL, LLC

700189038537
12/28/10--01001--016 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
501 GOODLETTE RD N		501 GOODLETTE RD N	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE D-24		SUITE D-100	
City & State		City & State	
NAPLES, FL		NAPLES, FL	
Zip	Country	Zip	Country
34102	USA	34102	USA

4. State/Country of Formation: FLORIDA, USA

5. Date Organized or Qualified To Do Business In Florida: 09/04/2009

6. FEI Number: 27-0870562 ☐ 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: JOHN N BRUGGER

Street Address (P.O. Box Number is Not Acceptable): 600 FIFTH AVE SOUTH

Suite, Apt. #, Etc.: SUITE 207

City	State	Zip Code
NAPLES	FL	34102

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 12-27-2010

REGISTERED AGENT MUST SIGN

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
MGRM	ANISIEWICZ, DARIUSZ	501 GOODLETTE RD N. STE D-24	NAPLES, FL 34102
	REINSTATEMENT 2010		

11. E-mail Address: APGCAPITAL@GMAIL.COM
(To be used for future annual report notifications)

12. 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.

Signature of Managing Member/Manager _____ Date 12/27/2010 Daytime Phone # 239-249-0082

Typed or printed name of signing Managing Member/Manager ANISIEWICZ, DARIUSZ