


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<div>DOCUMENT # M7781D</div> <div>1. Corporation Name Apollo Bay Co. Inc.</div>					
2. Principal Office Address 229 Commercial Blvd.		3. Mailing Office Address Same		<div>900019319649 05/19/03--01056--001 **\$600.00</div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 04/18/88	
City & State Lauderdale by the Sea, FL		City & State		5. FEI Number 65-0043183	
Zip 33308	Country	Zip	Country	Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
7. Name and Address of Current Registered Agent					
Name Silvy C. Lawless					
Street Address (P.O. Box Number is Not Acceptable) 1401 Middle River Dr. 2403 BAY DRIVE					
Suite, Apt. #, Etc.					
City FL LAUDERDALE POMPANO BEACH				State FL	Zip Code 33304 33062
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 Silvy C. Lawless				Date 5.15.03	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Silvy C. Lawless	2430 BAY DRIVE 1401 Middle River Dr.		POMPANO BEACH FL LAUDERDALE, FL 33304 33062	
10. 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 110.07(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: Silvy C. Lawless				Date 5.15.03 954776 5031	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	