

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 APR 19 PM 2:27

DATE
FILED
OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000009261

1. Corporation Name
A.P.E.T. CORP.

2. Principal Office Address
1334 the 12th Fairway

Suite, Apt. #, etc.

City & State
Wellington, FL

Zip Country
33414 USA

3. Mailing Office Address
1334 the 12th Fairway

Suite, Apt. #, etc.

City & State
Wellington, FL

Zip Country
33414 USA

REINSTATEMENT

03-05

4. Date Incorporated or Qualified
To Do Business in Florida December 3, 2002

5. FEI Number
16-1642483

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
Marie C. Presmy

Street Address (P.O. Box Number is Not Acceptable)
1334 the 12th Fairway

Suite, Apt. #, Etc.

City
Wellington

State Zip Code
FL 33414

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 Marie C. Presmy
REGISTERED AGENT MUST SIGN

Date 04/14/05

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
PD	Presmy, Marie C.	1334 the 12th Fairway	Wellington, FL 33414
VD	Blanc, Kedner	1334 the 12th Fairway	Wellington, FL 33414
SD	Geveus, Anite	1334 the 12th Fairway	Wellington, FL 33414
TD	Presmy, Daniel	1334 the 12th Fairway	Wellington, FL 33414

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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 119.07(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: Marie C. Presmy Marie C. Presmy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/05
Date

(561) 818-1758
Daytime Phone #

CR2E081 (01/05)