

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 23 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000064559**

1. Corporation Name

APEX OF NORTHWEST FLORIDA, INC.

Principal Place of Business

10210 N. PALAFOX STREET
PENSACOLA FL 32534

Mailing Address

10210 N. PALAFOX STREET
PENSACOLA FL 32534

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/2000

5. FEI Number

59-3653213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status



REINSTATEMENT 03

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PT	KNODEL, L. FRED SR.	10210 NO. PALAFOX STREET	PENSACOLA FL 32534
VP	KNODEL, FREDDY JR	10210 N PALAFOX STREET	PENSACOLA FL 32534

300024014013
10/22/03--01049--017 **158.75

8. Name and Address of Current Registered Agent

MOORHEAD, STEPHEN
4300 BAYOU BLVD. STE. 13
PENSACOLA FL 32503-2688

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/20/03**

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/3
Date

850-479-2444
Daytime Phone #

CR20040 (7/03)

APEX OF NORTHWEST FL., INC.

10210 N. Palafox Street
Pensacola, Florida 32534

Ph: 479-2444

Fax: 476-8272

Home Builders

L. Fred Knodel, Sr., President
Freddy Knodel, Jr., Vice President

October 13, 2003

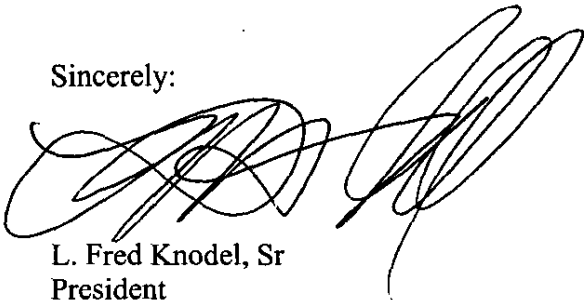
Dept. of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Reinstatement of Fl. Corporation
Document # P00000064559

I did not receive the application package to file as a Corporation in the State of Florida
Which was sent out earlier in the year.

Please find the enclosed reinstatement form and reinstatement fee of \$150.00 plus \$8.75 additional
fee for a Certificate of Status in order to maintain Apex of Northwest Fl, Inc. on active status.

Sincerely:

A handwritten signature in black ink, appearing to be 'L. Fred Knodel, Sr.', written in a cursive style.

L. Fred Knodel, Sr
President