

H03000287590 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 00000076884			
1. Corporation Name AAPG, INC.			
2. Principal Office Address 10940 Stafford Circle		3. Mailing Office Address 520 SE 5 Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach, FL		City & State Fort Lauderdale, FL	
Zip 33436	Country	Zip 33301	Country
4. Date Incorporated or Qualified To Do Business in Florida 8/14/2000		REINSTATEMENT 02-03	
5. FEI Number 651032867		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 Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Rays Street			
Suite, Apt. #, Etc.			
City Tallahassee		State FL	Zip Code 32301
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 Deborah D. Skipper		Deborah D. Skipper Asst. V. Pres. Date 9/30/03	
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
STD	ALAN ALTMAN	520 SE 5 Avenue	Ft. Lauderdale, FL 33301
P	ERIC ALTMAN	800 Tropic Boulevard	Delray Beach, FL 33483
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 taxes 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)(b), 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: EC		Date 8/28/03	Daytime Phone # 954-445-6969
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

H03000287590 1

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System**Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000287590 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : CORPORATION SERVICE COMPANY /JA
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT**AAPG, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu**Corporate Filing****Public Access Help**