PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE 02 JUL -2 PM 12: 29 CORPORATION Katherine Harris REINSTATEMENT Secretary of State SECRETARY OF STATE
TALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS A.P. S. Construction DOCUMENT # Company of Key West 900006269389--907/09/02--01020--009 P00 0000 83318 \*\*\*\*900.00 \*\*\*\*\*门门门。门门 3. Mailing Office Address 2. Principal Office Address 1405 1405 Suite, Apt. #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State Applied For FEI Number Keu West Not Applicable Country \$8.75 Additional Fee required 33040 USA CERT/F/CATE OF STATUS DESIRED | ] for a Certificate of Status 7. Name and Address of Current Registered Agent Perru Schottenstein Street Address (P.O. Box Number iş Not Acceptable 1405 Suite, Apt. #, Etc. Zip Code State WOST 33040 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. CR2E081 Signature of -Registered Agent 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles City / State / Zip Officer and/or Director 1405 2nd rew Schotlenstein 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 shalf have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #