

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

13 AUG 14 AM 9:06

DOCUMENT # P00000094375

1. Corporation Name

AMERICAN POLYLACTIDE INDUSTRIES, INC.

2. Principal Office Address - No P.O. Box #

97 Almond Rd

3. Mailing Office Address

97 Almond Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34472

Country

US

Zip

34472

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/05/2000

5. FEI Number

061231042

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

Adel Arami

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

97 Almond Rd

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34472

500250731285  
08/14/13--01025--004 \*\*2250.00

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

Date 08/09/2013

REGISTERED AGENT MUST SIGN

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
P, D	Adel Arami	97 Almond Rd	Ocala, FL 34472

REINSTATEMENT

AUG 14 2013

R. HUNT

10. E-mail Address: adelarami@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Adel Arami

08/09/2013

352-653-5963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #