

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 30 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000098566**

1. Corporation Name

APSERVPRO.COM, INC.

2. Principal Office Address

8905 S.W. 87TH AVE.

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FL.

Zip

33176

Country

U.S.A.

3. Mailing Office Address

8905 S.W. 87TH AVE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FL.

Zip

33176

Country

U.S.A.

REINSTATEMENT 01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1050547

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

x DIEGO E. CORDOVA, C.P.A.

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

8905 S.W. 87TH AVE. #

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State

FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/22/01

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
PRES	DIEGO E. CORDOVA, JR.	8905 S.W. 87TH AVE. STE 200	MIAMI, FL. 33176
VP	JONATHAN POND	II	II
TREAS	DIEGO E. CORDOVA, SR.	II	500005481895--3
			05/08/02 01046 010
			****900.00 ****900.00

*Admin
Diss*

10. I certify that I am an officer or director or the receiver or trustee and in this reinstatement application, the reason for dissolution has been stated, the amounts owed by the corporation have been paid and the names of individuals who have been removed from this application is true and accurate, and my signature shall have the same effect as a signature of the corporation.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

in chapter 607 or 617, F.S. I further certify that when filing this application, I have paid the fees of section 607.0401 or 617.0401, F.S., that all fees due on under section 119.07(3)(i), F.S. The information indicated

3/28/02

Date

Daytime Phone #

CR2E081 (9/01)



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 18, 2002

APSERVPRO.COM, INC.
8905 S.W. 87TH AVENUE
SUITE 200
MIAMI, FL 33176

SUBJECT: APSERVPRO.COM, INC.
Ref. Number: P00000098566

We have received your document for APSERVPRO.COM, INC. and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Eula Peterson
Document Specialist

Letter Number: 502A00023354