

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 21 AM 11:04

DOCUMENT # P00000105194

1. Corporation Name

A.P.E.R. INC.

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

16980 SW. 297 ST

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33030

Country

U.S.A

3. Mailing Office Address

16980 SW. 297 ST.

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

Zip

33030

Country

U.S.A

500129974045

05/21/08--01002--030 **750.00

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/2000

5. FEI Number

651053904

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

JOSE ANDARCIO JR.

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

16980 SW. 297 ST

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 5/12/08

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	EVELYN ANDARCIO	18340 S.W. 296 ST	HOMESTEAD /FL./33030
V	JOSE ANDARCIO JR.	16980 S.W. 297 ST.	HOMESTEAD /FL./33030

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 contained in Chapter 119, 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:

JOSE ANDARCIO JR.

5/12/08

786-853-9048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #