

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 JUN 13 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

1. Corporation Name

Apex Enterprises, Corp

2. Principal Office Address

3. Mailing Office Address

1961 NW 55 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Margate FL

Zip

Country

Zip

Country

33063 USA

100005911141--8
-06/21/02--01076--009
****750.00 ****750.00

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

Nov 20, 2000

5. FEI Number

65-1057167

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

Steven C Klein CPA

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

7522 Wiles Rd.

Suite, Apt. #, Etc.

210

City

Coral SPRINGS

State

FL

Zip Code

33067

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

3/23/02

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 Mick Nyusa

1961 NW 55 Ave

Margate FL 33063

R750 Temp ID

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)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/02

Date

9543453676

Daytime Phone #

CR2E081 (9/00)