PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	**FLORIDA DEPARTMENT OF STATE** Secretary of State DIVISION OF CORPORATIONS	FILED 05 SEP 12 PM 6: 46 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # PO1000008096

1. Corporation Name
APPRAZ, Inc.

2. Principal Office Address 2672 1st Avenue S.	**3.** Mailing Office Address 5601 8th Avenue N.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** Date Incorporated or Qualified To Do Business In Florida 01/22/2001
City & State St. Petersburg FL	City & State St. Petersburg FL	**5.** FEI Number 59-3702578 Applied For / Not Applicable
Zip 33710 Country USA	Zip 33710 Country USA	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Carol McAtee

8000597855E3
00/20/05--01053--004 **1050.00

Street Address (P.O. Box Number is Not Acceptable)
5401 Central Avenue

Suite, Apt. #, Etc.

City St. Petersburg	State FL	Zip Code 33710

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 __1/25/05__
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Michael C. Burkett	5601 8th Avenue N	St. Petersburg FL 33710

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 shall have the same legal effect as if made under oath.

SIGNATURE: _____ 8/13/05 727-517-0428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael C. Burkett Date Daytime Phone #