

FILED

2007 NOV 16 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E081 (1/07)

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

5. FEI Number  
37-1555203

Applied For
Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75** Additional Fee required for a Certificate of Status

☐ 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.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000021928

**1. Corporation Name**

APG &amp; ASSOCIATES CORP

2. Principal Office Address - No P.O. Box #  
1900 CORAL WAY

**3. Mailing Office Address**  
P.O. BOX 450917

Suite, Apt. #, etc.  
303

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33145

Country	USA
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Zip  
33245

Country
USA

**7. Name and Address of Current Registered Agent**

Name  
ALBERTO P. GOMEZ

Street Address (P.O. Box Number is Not Acceptable)  
1900 CORAL WAY

Suite, Apt. #, Etc.  
303City  
MIAMI

State  
**FL**

Zip Code	33145
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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

nted the registered agent of the above


Date 11-15-2007

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
DP	ALBERTO P GOMEZ	2361 SW 17 TERR	MIAMI FL 23145
R. Agent	ALBERTO P GOMEZ	2361 SW 17 TERR	MIAMI FL 33145
T	ALBERTO GOMEZ	2361 SW 17 TERR	MIAMI FL 33145
			500112463735 11/20/07--01042--026 **1500.00
			<b>REINSTATEMENT</b> 02-07

**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:**   
**SIGNATURE AND TYPED OR PRINTED NAME:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/07  
Date

Date 11/1/90 Daytime Phone # 312-441-1111

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. APG & ASSOCIATES CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in  
☐ Mail out

☒ Pick up time 2:00  
☐ Will wait

☐ Photocopy

☐ Certified Copy

☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☒ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

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DIVISION OF REVENUE  
FLORIDA