

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -7 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

DOCUMENT # P 01000044837

1. Corporation Name

Aperg Enterprises, Inc.

2. Principal Office Address

1609 Hampton Court

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

Pinellas

3. Mailing Office Address

1609 Hampton Court

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

Pinellas

4. Date Incorporated or Qualified  
To Do Business in Florida

5/3/2001

5. FEI Number

59-3723230

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

J. Paul Raymond

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

625 Court Street

Suite, Apt. #, Etc.

Suite 200

City

Clearwater

State

FL

Zip Code

33756

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

REGISTERED AGENT MUST SIGN

Date 4/1/04

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
PD	Lester B. Greenberg	1609 Hampton Court	Safety Harbor, FL 34695
VSD	Elisa A. Greenberg	1609 Hampton Court	Safety Harbor, FL 34695

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Lester B. Greenberg

Date

4/1/04 727 725-8899

Daytime Phone #

CR2E081 (01/04)