Safety Harbor, FL Signature of Registered Agent Registered Registered Agent Registered Registered Registered Agent Registered Registe	BEFORE COMPLETING THIS FORM.	PLEASE READ ALL INSTRUCTIONS BEFORE C	
Aperg Enterprises, Inc.  2. Principal Office Address 1609 Hampton Court Sulfe, Apt. 4, etc.  City & State Safety Harbor, FL Sultant Paymond Street Address (P.O. Box Number is Not Acceptable) 6-CENTIFICATE OF STATUS DESIRED SOF Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 6-CENTIFICATE OF STATUS DESIRED SOF Address of Safety Harbor, FL Sultant Paymond Street Address (P.O. Box Number is Not Acceptable) 6-CENTIFICATE OF STATUS DESIRED SOF Address of Safety Harbor, FL Safet	ate U4 APR -7 AM 7:59	Secretary of State	
2. Principal Office Address  1609 Hampton Court  Suite, Apt. 4, etc.  Suite, Apt. 4, etc.  City & State Safety Harbor, FI, Safe	TALLAHASSEE, ELÖRİDA	#P-01000044837	
1609   Hampton   Court   1609   Hampton   Court   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. Data incorporated or Qualified To Do Business in Florida   5/3/2001   5, FEI Number   59-3723230   App.		erprises, Inc.	Ape
1609   Hampton   Court   1609   Hampton   Court   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. Data incorporated or Qualified To Do Business in Florida   5/3/2001   5, FEI Number   59-3723230   App.	REMSTATEMENT AS		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	P. S. Control of the		
City & State Safety Harbor, FL	urt		
City & State Safety Harbor, FL		Suite, Apt. #, etc.	Suite, Apt. #
Safety Harbor, FL Suppose State Suppose State Suppose State Suppose Suppos	5/3/2001	City & State	City & State
Zip 34695  Pinellas  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  8. I, being appointed the registered agent of the above fame of corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  PEGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  1609 Hampton Court  Safety Harbor, FL 34		r, FL Safety Harbor, FL	Safety
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  8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  PEGISTERED 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  1609 Hampton Court  Safety Harbor, FL 34	9 6. C9 75 Additional Form		
Street Address (P.O. Box Number is Not Acceptable)  625 Court Street Suite, Apt. #, Etc. Suite 200  City Clearwater  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 Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  1 despending 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.  Date 4/1/04/  PAGISTERIED AGENT MUST SIGN  1 itles  Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  1 itles  Officer and/or Director  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Each Officer and/or Director  Officer and/or Director  Safety Harbor, FL 34	····	7. Name and Address of Current Register	
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  PEGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles  Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  PD  Lester B. Greenberg  1609 Hampton Court  Safety Harbor, FL 34	04/05/0401032024 **90( 0)	iress (P.O. Box Number is Not Acceptable)  5 Court Street #, Etc. ite 200	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director Safety Harbor, FL 34	oith and accept the obligations of section 607.0505 or 617.0503, F.S.  Date	Halfa l	Signature of
PD Lester B. Greenberg 1609 Hampton Court Safety Harbor, FL 34			9. Names
			Titles
VSD Elisa A. Greenberg 1609 Hampton Court Safety Harbor, FL 34	oton Court Safety Harbor, FL 34695	r B. Greenberg 1609 Hampton Court	PD
	oton Court Safety Harbor, FL 34695	A. Greenberg 1609 Hampton Court	VSD
	·		
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 we 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 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 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 PRINTER NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date	porate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees m do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated feet as if made under oath.  4/1/04/7377375-9999	oplication, the reason for dissolution has been eliminated, the corporate name satisfies tion have been paid and the names of individuals listed on this form do not qualify for true and accurate, and my signature shall have the same legal effect as if made under the same legal effect as if	this rein owed by on this a