PLEASE READ ALL:INSTRUCTIONS BEFORE COMPLETINGTHIS FORM.

				·					!	"ICEL"					
CORPORATION REINSTATEMENT				Secretary of State DIVISION OF CORPORATIONS				E	03 MAR 25 AM 8: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA						
DOCUMENT # PO1000092507 1. Corporation Name															
APE	X P	LAST	TERING	INC.					-						
2. Principa	al Office Addr	ess	<u> </u>	3. Mailing Office Address					· ·		_ 		C- (T)	-	
3314	27+4	ST.	W.	1119 GIFFORDAVE S.					500014680605 03/25/0301041018 **308,75						
Suite, Apt.				+	Suite, Apt. #, etc.						=				_
										porated or	Qualified	<u>- ۹</u> -۶	1-20	01	
City & State	 _			City & State							(6)	1 -	·	- : -	
Leni6	H ACT	<u> 25</u>	FL	Lehigh Acres FL					5. FEI Numb	1501	29	_		plied For t Applicabl	e
zip 33°	۱ <i>۲</i> ۰	Country		zip 3393	6	Country	· ·		6. CERTIFICAT					Fee requi	
		Ţ.		7. 1	lame and A	Address of C	Current Reg	istere	ed Agent		Va			1,	,
. **	Name DONGID Schmicht Street Address (P.O. Box Number is Not Acceptable) 5734 Kenilworth Dr. Suite, Apt. # Etc. City														
8. I, being appointed the gegistered agent of the above names corporation, am familiar with and accept the ob										FL	339				7 8
Signature o Registered	ı	e degistere	ale M	Date						CRZE081 (10/02)					
9. Names	and Street A	ddresses	of Each Officer and	d/or Director (Flo	rida nonpro	ofit corporation	ons must list	at lea	st 3 directors)						1
Titles		Officer	Name of s and/or Directors		Street Address of Each Officer and/or Directo					City / State / Zip					
ъP	James Zeriman				3314 27th ST W				V Lehigh Acres-FL339					3397	1
VP	BARR	۲γ Ν.	CLAWSO	1119 Pittoro A				tues. Lehigh Acres Fl337					L3393	٤	
5[T	Jona	.tho	n D. Cla	awson)	1119	Gif	for D	A	ves.	Lehi	gn A	icres .	N 3	3936	, _
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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 SIGNATURE DAME OF SIGNING OFFICER OR DIRECTOR Date Desptime Phone #												4			

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3314 27th Street Lehigh Acres, FL 33971 (239)229-8062

March 21, 2003

Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

To Whom It May Concern:

We are submitting an application for reinstatement due to non receipt of previous notices. Our old mailing address was 3314 27th Street W. Lehigh Acres, FL 33971.

Our new mailing address is 1119 Gifford Ave S. Lehigh Acres, FL 33936.

Thank you,

Barry N. Clawson Vice President