

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -1 AM 8:00

DOCUMENT # P02000026759

**1. Corporation Name**

AP & D B, ENTERPRISES, INC.

**2. Principal Office Address**

6203 E. Hills. Ave

Suite, Apt. #, etc.

Tampa, Florida

City & State

Zip

33610

Country

Hills.

**3. Mailing Office Address**

6203 E. Hills. Ave

Suite, Apt. #, etc.

Tampa, Florida

City & State

Zip

33610

Country

Hills.

REINSTATEMENT

04  
MRD

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

Mar/11/2002

**5. FEI Number**

03-0413896

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

ALEJANDRO PENA

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

6203 E. Hillsborough Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

**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 11/25/04

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
PST	ALEJANDRO PENA	6203 E. Hillsborough Ave	Tampa, Fl. 33610

**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:

ALEJANDRO PENA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/25/04

Date

(813) 663-0073

Daytime Phone #

CR2E081 (01/04)