

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000027649**

1. Corporation Name

APACHE PASS, INC.

Principal Place of Business

Mailing Address

**2 PINEHILL TRAIL WEST
TEQUESTA FL 33469**

**2 PINEHILL TRAIL WEST
TEQUESTA FL 33469**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

APACHE PASS INC - aka HORSE FEATHERS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

279 S. US HIGHWAY 1

City & State

City & State

TEQUESTA, FL

Zip

Country

Zip

Country

33469

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/13/2002

5. FEI Number

43-1953665

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$11.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1.	2.	3.	4.
PRESIDENT	CHARLES R LOWRY	2 PINEHILL TRAIL WEST	TEQUESTA, FL 33469

000023829500

10/15/03--01075--010 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**LOWRY, CHARLES R
2 PINEHILL TRAIL WEST
TEQUESTA FL 33469**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Charles R. Lowry

REGISTERED AGENT MUST SIGN

Date **10-14-03**

11. 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:

Charles R. Lowry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 745-8807

CR2E040 (7/03)

**APACHE PASS, INC.
2 PINEHILL TRAIL WEST
TEQUESTA, FL 33469-2155**

October 13, 2003

Florida Department of State
Glenda E Hood, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

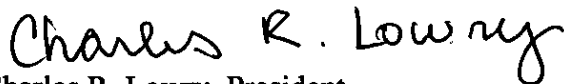
Dear Ms. Hood:

I have received the attached paperwork from your office. I am not aware of ever having received the annual renewal form from your office. My wife and I divorced in May of 2002 and if the paperwork came to our house at all she must have thrown it out.

I am asking that you consider waiving the additional fees. My former wife was running the business for me prior to this time and I was not aware of this requirement. In the future I will be sure to file this form timely.

Thank you for your consideration in this matter.

Sincerely,



Charles R. Lowry, President
Apache Pass Inc., d/b/a Horse Feathers
EIN: 43-1953665