

005 FOR PROFIT CORPORATION
REINSTATEMENT

DOCUMENT # P02000034474



1. Entity Name
APEX CONGLOMERATE, INC.

FILED
05 OCT 17 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
624 S.W. TREASURE COVE
PORT ST. LUCIE, FL 34986

Mailing Address
624 S.W. TREASURE COVE
PORT ST. LUCIE, FL 34986



2. Principal Place of Business
188 NW Willow Grove Ave
Suite, Apt. #, etc.

3. Mailing Address
188 NW Willow Grove Ave
Suite, Apt. #, etc.

10142005 REIN-P CR2E098 (6/04)

City & State
PORT ST. LUCIE FLORIDA

City & State
PORT ST LUCIE FLORIDA

Zip Country
34986 U.S.A

Zip Country
34986 U.S.A

4. FEI Number
43-1957169

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DOCKERAY, ADRIAN R
624 S.W. TREASURE COVE
PORT ST. LUCIE, FL 34986
188 NW Willow Grove Ave
PORT ST LUCIE FL 34986

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: ADRIAN ROBERT DOCKERAY D 10/14/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCKERAY, ADRIAN 624 S.W. TREASURE COVE PORT ST. LUCIE, FL 34986 <i>188 NW Willow Grove Ave PORT ST LUCIE FL 34986</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000060690090 10/17/05--01071--006 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>R 10/21</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 10/14/2005 772 8781 281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #