

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

4. FEI Number

43-1957169

Applied For

Not Applicable

Zip

34986

Country

U.S.A

Zip

34986

Country

U.S.A

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New 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

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

Signature, typed or printed name of registered agent and title if applicable

ADRIAN ROBERT DOCKERAY D

(NOTE: Registered Agent signature required when reinstating)

DATE

10/14/2005

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

TITLE D
NAME DOCKERAY, ADRIAN
STREET ADDRESS 624 S.W. TREASURE COVE
CITY-ST-ZIP PORT ST. LUCIE, FL 34986
188 NW Willow Grove Ave
PORT ST LUCIE FL 34986

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP
000060690090
10/17/05--01071--006 **150.00

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/2005 772 8781281

Date

Daytime Phone #