

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 13 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034474

1. Corporation Name

APEX CONGLOMERATE, INC.

Principal Place of Business

Mailing Address

624 S.W. TREASURE COVE
PORT ST. LUCIE FL 34986

624 S.W. TREASURE COVE
PORT ST. LUCIE FL 34986

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/29/2002

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DOCKERAY, ADRIAN	624 S.W. TREASURE COVE	PORT ST. LUCIE FL 34986

300023764393
10/13/03--01093--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

ADRIAN ROBERT DOCKERAY

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

624 S.W. TREASURE COVE

Suite, Apt. #, Etc.

PORT ST. LUCIE

City

State

FL

Zip Code

34986

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

REGISTERED AGENT MUST SIGN

Date Oct 10, 2003

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:

SIGNATURE

ADRIAN ROBERT DOCKERAY

Date

Daytime Phone #

10/10/2003 772 8789565

CH2E040 (7/03)

Department of State

Oct 10, 2003

Division of Corporations

P.O.Box 6327

Tallahassee, FL 32314

With reference to the notice of Administrative Dissolution or Revocation.

We did notice receive a notice before and I am applying for reinstatement.

Yours very truly,



Adrian Robert Dockeray

President

Apex Conglomerate Inc.