

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 03 AUG 15 AM 9:51

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P02000073892  
Applegraph. Com, Inc.

2. Office Address

1351 NW 78th Ave

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

216

Suite, Apt. #, etc.

City &amp; State

Miami, FL

33126

USA.

Zip

Country.

500022455335

08/20/03-01092-014 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

04-3698508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

Hector. Apfelbaum

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

1351 NW 78 Ave

Suite, Apt. #, Etc.

216

City

miami

State

FL

Zip Code

33126

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

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
Pre	Hector Apfelbaum	2030 S. Ocean Drive #2034	Hallandale, FL 33009
V-Pre	Sara F., DeApelbaum	2030 S. Ocean Dr. #2034	Hallandale, FL 33009

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/8/03

Daytime Phone #

305552-7969

CR2E081 (9-01)