

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # P02000078894 1. Entity Name MICHAEL J. APEL, INC. | | | | | |
| Principal Place of Business 7160 HAZELTINE CIRCLE LAKELAND, FL 33810 | | | Mailing Address 7160 HAZELTINE CIRCLE LAKELAND, FL 33810 | | |
| 2. Principal Place of Business - No P.O. Box # <i>6695 Huntington Hills Terr</i> Suite, Apt. #, etc. | | 3. Mailing Address <i>6695 Huntington Hills Terr.</i> Suite, Apt. #, etc. | | | |
| City & State <i>Lakeland, FL</i> | | City & State <i>Lakeland, FL</i> | | 4. FEI Number 52-2369178 | |
| Zip 33810 | | Country FL | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent APEL, MICHAEL J 7160 HAZELTINE CIR LAKELAND, FL 33810 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>6695 Huntington Hills Terr.</i> City Lakeland | | | | Zip Code FL 33810 | |
| 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: <i>MJ Apel - Michael J. Apel President</i> DATE: <i>11-15-07</i> <small>(Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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 | P <input type="checkbox"/> Delete APEL, MICHAEL J 7160 HAZELTINE CIRCLE LAKELAND, FL 33810 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>6695 Huntington Hills Terr. Lakeland,</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 300112433153 11/19/07--01065--001 **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>MJ 11/27</i> | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>MJ Apel - Michael J. Apel President</i> DATE: <i>11-15-07</i> Daytime Phone: <i>863-698-4953</i> <small>(Signature and typed or printed name of signing officer or director)</small> | | | | | |