PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood 👡 🥿

Secretary of State

DIVISION OF CORPORATIONS

| DOCUMENT # P02000102062 |
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1. Corporation Name

APPLE CONTRACTING, INC.

Principal Place of Business

Mailing Address

FILED 03 OCT 23 AM 10: 11 SECRETARY OF STATE TALLAHASSEE. FLORIDA

| 2905 BACKIEL DRIVE 2905 BACKIEL ORLANDO FL 32804 ORLANDO FL | | | | | | | | REINSTATEVIEW 03 | | | |
|---|--|---------------------------|-------------------------|---|---|---|---------------------------|---|---------------|---|--|
| If above a | addresses are | incorrect in any way, lin | ne through incorrect in | nformation a | nd enter o | correction below. | | HO 3238 000 | ، به جورشاناز | · · | |
| <u></u> | | | | | ng Office Address, If Applicable | | | Date Incorporated or Qualified To Do Business in Florida 09/19/2002 | | | |
| Suite, Apt. #, etc. Suite, Apt. # | | | | , etc. | | | 5. FEI Number | | 00/10/2 | Applied For | |
| City & State | | | City & State | City & State | | | 56-2293915 Not Applicable | | | | |
| Zip | ······································ | Country | Zip | | Country | , | CERTIFICATE | E OF STATUS DESIRED | | ditional Fee required ertificate of Status | |
| 7. Names | and Street Ad | dresses of Each Officer | and/or Director (Flo | rida nonprof | it corpora | tions must list at lea | st 3 directors) | | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director | | | | City / State / Zip | | | |
| D/P | YOUNG, D | 2905 BACKIEL DRIVE | | | | ORLANDO FL 32804 | | | | | |
| DAP YOUNG, CANDICE | | | | 2905 BACKIEL DRIVE | | | | ORLANDO FL 32804 | | | |
| D/UP | 40 UN | G, CANDICA | 5 | 841 | E. | 77457. | , | Englowe | oop, F | 1,34223 | |
| D18. | Hak | G, CANDICO | | 461 | 777 | ERESAT | Rd | Englewe ORI-, FL | . <u>.32</u> | .801 | |
| | | | | | | | | 100024054461 0/23/0301073024 **150.00 | | | |
| | | | | <u> </u> | | | | 03 01013 02 | | | |
| 8. Name and Address of Current Registered Agent | | | | | | 9. Name and Address of New Registered Agent | | | | | |
| YOUNG, DENNIS C 2905 BACKIEL DRIVE ORLANDO FL 32804 | | | | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. | | | | | Code | |
| 10. I, being | appointed the | e registered agent of the | e above named corpo | oration, am fa | amiliar wit | th and accept the ob | oligations of Secti | ion 607.0505, F.S. or 61 | | | |

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.

TERED AGENT MUST SIGN

ED OR PRINTED NAME OF STA

ENNIS C. YOUNG

APPLE CONTRACTING, INC.

2905 Backiel Drive Orlando, Florida 32804 Ph: 407-908-3517 Fax: 407-822-7185

10-20-2003

Dear Secretary Of State,

I believe I was aware that we had to file an annual report, but thought that we would be able to do it after we had a fiscal year to file. I would have done it immediately had I received a notice to do so. I didn't receive a single notice let alone two. I am new at this corporate world and a notice would have helped to keep this little company on track with your requirements. We would appreciate it if you would reinstate the corporation. Thank you.

Sincerely, Dennis Young