

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 182

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 FEB -4 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000103954

**1. Corporation Name**

APONTE INDUSTRIES INC.

**2. Principal Office Address**

11437 43RD STREET NORTH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

**3. Mailing Office Address**

11437 43RD STREET NORTH

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

Zip

33762

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9/26/02

**5. FEI Number**

41-2061295

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

03-05

**7. Name and Address of Current Registered Agent**

Name

MARCO APONTE

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

11437 43RD STREET NORTH

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33762

**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

*M. Aponte*

REGISTERED AGENT MUST SIGN

Date

1/28/05

**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
PRES.	MARCO APONTE	701 WILKIE ST.	DUNEDIN, FL 34683

100044980351

01/19/05--01008--014 \*\*450.00

100044980351

01/19/05--01008--015 \*\*8.75

**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:

*M. Aponte*

MARCO APONTE, PRES.

1/28/05

727-573-0033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

**APONTE INDUSTRIES INC.**

Office 727-573-0033

Fax 727-573-0025

11437 43rd St. N.

Clearwater, FL 33762

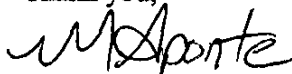
January 14, 2005

**Department of State**  
**Division of Corporations**  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:---

On September 26, 2002 I filed with your office to form Aponte Industries Inc. Later that year we moved to another location and did not receive the notice to renew with the state. I am requesting a waiver for the reinstatement fee and have enclosed \$450.00 to cover the fees for the years of 2003, 2004 and 2005.

Thank you,



Marco Aponte