

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 JAN 18 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107253

**1. Corporation Name**

APPLE ISLAND, INC.  
1140 101 Street, Apt. 502  
Bay Harbor, Florida 33154

**2. Principal Office Address**

1140 101 Street

Suite, Apt. #, etc.

Apt. 502

City & State

Bay Harbor, Florida

Zip

33154

Country

USA

**3. Mailing Office Address**

1140 101 Street

Suite, Apt. #, etc.

Apt. 502

City & State

Bay Harbor, Florida

Zip

33154

Country

USA

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

10/04/02

**5. FEI Number**

13-4220947

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

RAUL F. PINO, ESO

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

2440 Coral Way

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33145

**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

REGISTERED AGENT MUST SIGN

Date 1-14-05

**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
P	Nelson Acconciagioco	1140 101St, Apt 502	Bay Harbor, Fl 33154
T/D	Maritza C. Acconciagioco	1140 101St, Apt 502	Bay Harbor, Fl 33154
S/D	Augusto Acconciagioco	1140 101St, Apt. 502	Bay Harbor, Fl 33154

100045448201  
01/26/05--01039--004 \*\*1050.00

**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

Daytime Phone #

1-14-05 (305) 854-1904

CR2E081 (8/07)