PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR -4 PM 2:
REINSTATEMENT 03-06

DOCUMENT # P02000124348

1. Corporation Name

APOLO PROPERTIES INC.

2. Principal Office Address	3. Mailing Office Address
18151 NE 31 CT	300 Sevilla Avenue
Suite, Apt. #, etc.: APT 1701	Suite, Apt. #, etc.: 201
City & State: AVENTURA, FL	City & State: Coral gables, Fl
Zip: 33160 Country: USA	Zip: 33134 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/2002

5. FEI Number: 11-3769988 ☐ 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: AG CORPORATE SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 300 SEVILLA AVENUE

Suite, Apt. #, Etc.: SUITE 201

City: CORAL GABLES State: FL Zip Code: 33134

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: 04/04/2006

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
P	PILAR URIBE	18151 NE 31 CT APT 1701	AVENTURA,FL 33160

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 contained in Chapter 119, 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: _____ 9 / FEB / 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell APR 4 2006

Florida Department of State

Division of Corporations
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Fax Number : (850)205-0384

From:
Account Name : DOMINGO ALONSO C.P.A.
Account Number : I20020000031
Phone : (305)448-3898
Fax Number : (305)443-9073

CORPORATION REINSTATEMENT

APOLO PROPERTIES INC.

Certificate of Status	0
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