

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000029731

1. Corporation Name

APOPKA MANGEMENT, INC.

2. Principal Office Address

1825 Main Street

3. Mailing Office Address

1825 Main Street

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

US

Zip

33326

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

03/13/2003

5. FEI Number

20-5966142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Scott Ross

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

1825 Main Street

Suite, Apt. #, Etc.

Suite 105

City

Weston

State

FL

Zip Code

33326

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

Scott Ross

REGISTERED AGENT MUST SIGN

Date

11/29/2006

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
President	Edward Ross	1825 Main Street, Suite 105	Weston, FL 33326
VP	Scott Ross	1825 Main Street, Suite 105	Weston, FL 33326

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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:

Edward Ross

Edward Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/2006

Date

954-385-0001

Daytime Phone #