

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 MAY 29 PM 2:06

ALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000076185

1. Corporation Name

Apco Inc.

2. Principal Office Address - No P.O. Box #

7427 Ironhorse Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33412

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

Robert E Raimondo

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

7427 Ironhorse Blvd.

Suite, Apt. #, etc.

City

West Palm Beach

State

FL

Zip Code

33412

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75: Additional Fee required
for a Certificate of Status

800248142558
05/21/13--01006--017 **1350.00

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 **5/17/2013**

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	Robert E Raimondo	7427 Ironhorse Blvd.	West Palm Beach, FL 33412

REINSTATEMENT

2009-13

MAY 29 2013

S. PRATHEA

10. E-mail Address: **rraimondo@gmail.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/2013

561 776-8515

Date

Daytime Phone #