# 2006 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Sep 28, 2006**
**Secretary of State**

DOCUMENT# P04000050906

**Entity Name:** APO ENTER PRISES INC.

**Current Principal Place of Business:**

P.O. BOX 75401
TAMPA, FL 33675

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 75401
TAMPA, FL 33675

**New Mailing Address:**

**FEI Number: 30-0104829** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HIPPARD, MICHAEL A SR
2917 E. 21ST AVE
TAMPA, FL 33675 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL A. HIPPARD

Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: APO ENTERPRISES INC.,
Address: P.O. BOX 75401
City-St-Zip: TAMPA, FL 33675

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. HIPPARD P 09/28/2006

Electronic Signature of Signing Officer or Director Date