

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P040Q0107449

1. Entity Name  
AP RELATIONS INC.



FILED

06 SEP 14 PM 4:53

Principal Place of Business  
6820 INDIAN CREEK DR  
704  
MIAMI, FL 33141 US

Mailing Address  
6820 INDIAN CREEK DR  
704  
MIAMI, FL 33141 US

2. Principal Place of Business  
848 BRICKELL AVE

3. Mailing Address  
848 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 602

SUITE 602

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33131

Country  
U.S.A.

Zip  
33131

Country  
U.S.A.

06282006 REIN-P CR2E098 (11/05)

4. FEI Number  
34-2005951

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PAEZ, ALEJANDRO SR.  
6820 INDIAN CREEK DR  
704  
MIAMI, FL 33141

## 7. Name and Address of New Registered Agent

Name  
PAEZ, ALEJANDRO

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

848 BRICKELL AVE, SUITE 602

City  
MIAMI

FL

Zip Code  
33131

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

08-28-06

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PAEZ, ALEJANDRO SR.  
6820 INDIAN CREEK DR  
MIAMI, FL 33141 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
PAEZ, ALEJANDRO  
848 BRICKELL AVE, SUITE 602  
MIAMI, FL 33131 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
100079939741  
09/19/06--01012--016 \*\*300.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-28-06

Date

Daytime Phone #