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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 17 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000036899

CR2E081 (1/07)

1. Corporation Name
APNEL INVESTMENT GROUP, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12401 SW 134 St.	1627 SW 37 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	304
City & State	City & State
Miami	Miami
Zip / Country	Zip / Country
FLORIDA / DADE	FLORIDA / DADE

4. Date Incorporated or Qualified To Do Business in Florida 03/10/2005

5. FEI Number 20-2570512 ☐ 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
DELIA M PALACIO

Street Address (P.O. Box Number is Not Acceptable)
1627 SW 37 Ave

Suite, Apt. #, Etc.
304

City / State / Zip Code
Miami / FL / 33145

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 [signature] REGISTERED AGENT MUST SIGN

Date 10/11/2007

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	DELIA M. PALACIO	1627 SW 37 AVE Suite 304	MIAMI, FL 33145
	REINSTATEMENT		
	RH	10.07	

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/2007 (305) 648-9395
Date Daytime Phone #

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Florida Department of State

Division of Corporations
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CORPORATION REINSTATEMENT

APNEL INVESTMENT GROUP INC.

Certificate of Status	0
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