PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 SEP 24 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000085184

1. Corporation Name
Apogee Holdings, INC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2626 DelMAR PL	2626 DelMAR PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Laud, FL	City & State: Ft Laud, FL
Zip: 33301 Country: USA	Zip: 33301 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6/22/2006

5. FEI Number: 205115031 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: ACTIVE $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Louis D. Paolino, JR
Street Address (P.O. Box Number is Not Acceptable): 2626 DelMAR place
Suite, Apt. #, etc.:
City: Ft. Laud State: FL Zip Code: 33301

SDD259203105
04/18/14--01034--025 **750.00

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: Louis D. Paolino JR (REGISTERED AGENT MUST SIGN) Date: 4/16/14

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	Louis D. Paolino JR	2626 DelMAR pl	Ft Laud FL 33301
D	Louis D. Paolino JR	2626 DelMAR pl	Ft Laud FL 33301
		REINSTATEMENT 2014	
	SEP 24 2014		
	L. SELLERS		954-462-8377

10. E-mail Address: denise@LP100.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: Louis D. Paolino, JR 4/16/14
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)