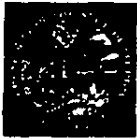


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**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 #

**2626 DelMAR PL**

Suite, Apt. #, etc.

3. Mailing Office Address

**2626 DelMAR PL**

Suite, Apt. #, etc.

City & State

**FL LAUD, FL**

Zip

**33301**

Country

**USA**

City & State

**FL LAUD, FL**

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

**FL LAUD**

State

**FL**

Zip Code

**33301**

**500259203105**  
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)

| Title              | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------------------|--------------------------------------|---------------------------------------------------|--------------------|
| P                  | LOUIS D. PAOLINO JR                  | 2626 DelMAR PL                                    | FL LAUD FL 33301   |
| D                  | Louis D. PAOLINO JR                  | 2626 DelMAR PL                                    | FL 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.817.166, F.S.

SIGNATURE:

**Louis D. PAOLINO JR**

**4/16/14**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Definite Phone #