

Florida Department of State
Division of Corporations
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**CORPORATION REINSTATEMENT
DTC APE, INC.**


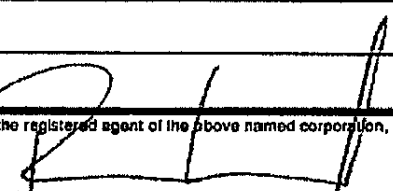
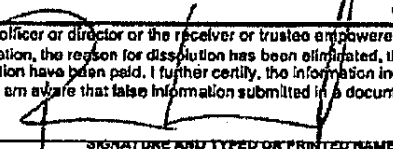
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CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P07000022782 1. Corporation Name <h1 style="text-align: center;">DTC APE, Inc.</h1>			
2. Principal Office Address - No P.O. Box # 4651 Sheridan Street <small>Suite, Apt. #, etc.</small> Suite 335 <small>City & State</small> Hollywood, Florida <small>Zip Country</small> 33021 US		3. Mailing Office Address 4651 Sheridan Street <small>Suite, Apt. #, etc.</small> Suite 335 <small>City & State</small> Hollywood, Florida <small>Zip Country</small> 33021 US	
		4. Date incorporated or Qualified To Do Business in Florida February 20, 2007 5. FEI Number 38-3776447	
		6. CERTIFICATE OF STATUS DESIRED NO <input checked="" type="checkbox"/> Applied For Not Applicable <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent <small>Name</small> Robert Lechter <small>Street Address (P.O. Box Number is Not Acceptable)</small> 4651 Sheridan Street <small>Suite, Apt. #, etc.</small> Suite 335 <small>City State Zip Code</small> Hollywood FL 33021			
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. <small>Signature of Registered Agent</small>  <small>Date</small> 12/30/2015 REGISTERED AGENT MUST SIGN			
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
PD	Marcel Apeloig	4651 Sheridan Street, Suite 335	Hollywood, Florida 33021
VSD	Robert Lechter	4651 Sheridan Street, Suite 335	Hollywood, Florida 33021
REINSTATEMENT			S. HAWKES DEC 30 A.M. EXAMINER
10. E-mail Address: JF@NORTHAEF.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: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Robert Lechter DATE: 12/30/2015 OFFICE PHONE #: (954) 455-3860	