Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

CORPORATION REINSTATEMENT
DTC APE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$750.00

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 DEC 30 PM 3:53

DOCUMENT # P07000022782

1. Corporation Name

DTC APE, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4651 Sheridan Street		4651 Sheridan Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 335		Suite 335	
City & State		City & State	
Hollywood, Florida		Hollywood, Florida	
Zip	Country	Zip	Country
33021	US	33021	US

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
February 20, 2007

5. FEI Number
38-3776447 — x Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert Lechter

Street Address (P.O. Box Number is Not Acceptable)
4651 Sheridan Street

Suite, Apt. #, etc.
Suite 335

City: Hollywood — State: FL — Zip Code: 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.

Signature of Registered Agent _____ Date 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 355	Hollywood, Florida 33021
			S. HAWKES
	REINSTATEMENT		DEC 30 A.M.
	2015		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: Robert Lechter — 12/30/2015 — (954) 455-3660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #