

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000083702

1. Corporation Name

AAPEX FINANCIAL GROUP, INC.

2. Principal Office Address - No P.O. Box #

22468 SW 94 PATH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CUTLER BAY, FL

City & State

Zip

33190

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name _____

MINET FERNANDEZ-MORIS

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

22468 SW 94 PATH

Suite, Apt. #, Etc.

City

CUTLER BAY

State

FI

Zip Code _____

33190

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**

REGISTERED AGENT MUST SIGN

Date 5/5/07

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/D	MINET FERNANDEZ-MORIS	22468 SW 94 PATH	CUTLER BAY, FL 33190
			<div data-bbox="1034 1535 1377 1566" style="text-align: right;">100145122881</div>
			<div data-bbox="1005 1566 1448 1596" style="text-align: right;">03/06/09--01005--006 **300.00</div>
	<div data-bbox="246 1635 776 1688" style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div>		
		<div data-bbox="639 1701 747 1736" style="font-size: 1.5em;">RCH</div>	

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:

MICHAEL IBAR

03-03-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #