PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1. Corporation Name Apple for Marke fing and INVESTMENT INC. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 80 NE 185 ferr 80 NE 185 ferr Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country 2ip Country 33/79 Dad Mia Migorden 33/79 Dad Mia Migorden 33/79 Dad Mia Migorden 33/79 Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) So NE 185 ferror The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not the prior notices were notices.	CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	10	APR 23 PM 12: 04	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	DOCUMENT #P07000/32813 1. Corporation Name Apple ton Marketing and INVESTMENT. INC.				
Suite, Apt. #, etc. House		3. Mailing Office Address 80 N/E 185terr	04/23/ DEIN		
City & State City & State	· · //	Suite, Apt. #, etc.	4. Date incom	VIA:	
MiaMi FL Zip 33.179 Country 33.179 Country Add Mid Might Signature of Street Address of Each Officer and/or Directors Titles Name and Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Name and Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Name and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Signature of Registered Agent Misma and Street Addresses of Each Officer and/or Directors Name of Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Misma and Street Addresses of Each Officer and/or Directors Mi				ness in Florida Dec 18,2007	
Country 33/79 Dedition 100 33/79 Dedition 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100 100	MiaMi FL	MiaMi FL	5. FEI Numbe	Applied For Not Applicable	
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City MiaMi 8. 1, being appointed the registaged 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 P. American Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors 8. Names and Streat Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Directors Name of Officer a			6. CERTIFICATE	(50.75 • 4.00)	
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Signature of Registered Agent Name of Officer and/or Directors Titles Name of Officer and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director P. City State / Zip Signature of Registered Agent Name of Officer and/or Director Officer and/or Director Officer and/or Director Name of Officer and/or Director O					
City State Zip Code FL 33 / 79	Hustin Hopleton		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement		
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 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 Directors Officer and/or Director Officer and/or Director Officer and/or Director Officer and/or Director Name of Officer and/or Director Officer and/or Directo					
Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofil corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Directors Officer and/or Director PE/Ia Rogers 80 N.E. 185 ferr MioM FL 33179 V/D Austin Appleton 80 N.E. 185 ferr MiaMi FL 33179 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 filling this reinstatement application, the reason for dissolution has been eliminated, the corporate names astisfies 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 19, F.S. The information indicate	y State Zip Code		fee be waived.		
Name of Officers and/or Directors Parallel Paralle	Signature of Registered Agent Date 4/21/2010				
P Ella Rogers 80 N.E. 185 terr Hiam FL 33179 WD Austin Appleton 80 N.E. 185 terr Hiam FL 33179 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 filling 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 indicate	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
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 filling 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 indicate				City / State / Zip	
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 filling 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 indicate	P Ella Rogers	80 N.E 185ter	· · · · · · · · · · · · · · · · · · ·	MIOM FI 33179	
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 indicate	V/D Austin Appleton 80 N		rs.terr	MiaMi FL 33179	
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 indicate					
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 indicate					
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 indicate					
SIGNATURE: Austin Amleton 4/01/0010//786326356 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Determine Phone *					