

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P15000008816

1. Corporation Name

**APG, INC**

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

7800 WEST OAKLAND PARK BLVD

3. Mailing Office Address

7800 WEST OAKLAND PARK BLVD

Suite, Apt. #, etc.

C306

Suite, Apt. #, etc.

C306

City & State

SUNRISE, FL

City & State

SUNRISE, FL

Zip

33351

Country

Zip

33351

Country

CP28081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
01/27/2015

5. FEI Number

61-1755295

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

DIROCCO & MOSS LLC

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

7800 W OAKLAND PARK BLVD

Suite, Apt. #, Etc.

C306

City

SUNRISE

State

FL

Zip Code

33351

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 09/11/2018

**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	RAYMOND DIROCCO	S7800 W OAKLAND PARK BLVD C 306	SUNRISE FL 33351
S	MARIA ELENA MASSIMINO	10191 W SAMPLE RD. 205A	CORAL SPRINGS FL 33065

10. E-mail Address:

VERNAM@DIROCCOCPA.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

09/11/2018

Date

Daytime Phone #