PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 14 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000018770**

1. Corporation Name

APS FOODEX CORP.

Principal Place of Business	Mailing Address
10720 WASHINGTON ST SUITE 101 PEMBROKE PINES FL 33025 US	10720 WASHINGTON ST SUITE 101 PEMBROKE PINES FL 33025 US

REINSTATEMENT

97 AR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2900 NW 75TH St	2900 NW 75TH St
Suite, Apt. #, etc.: 307	Suite, Apt. #, etc.: 307
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33027 Country: USA	Zip: 33027 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/07/1994

5. FEI Number: 65-0471132 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addressos of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~D~~	~~SILVER, PETER~~	~~775 ABBOTT CT.~~	~~ST LAURENT, QUEBEC, CANADA~~
VPT	PEREIRA, PEDRO ALEJANDR	ROTONDA PLAZA ESPANA, OPTICA NIC	MANANGUA NI
P	SILVER, PETER	4420 St. URBAIN ST	MONTREAL, Quebec CANADA ZIP: H2W 1V6
			900002350369--2 -11/18/97--01043--011 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

SILVER, PETER
10720 WASHINGTON ST SUITE 101
PEMBROKE PINES FL 33025

9. Name and Address of New Registered Agent

Name: PETER Silver
Street Address (P.O. Box Number is Not Acceptable): 14915 S.W 15TH St.
Suite, Apt. #, Etc.:
City: PEMBROKE PINES State: FL Zip Code: 33027

CR2E040 (8/97)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: _____ Date: Nov 10, 1997

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: _____ PETER Silver Nov 10/97 305-694-9291

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