

APPROVED
AND
FILED

00 DEC -7 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APS HOLDINGS INTERNATIONAL, INC.

Mailing Address

~~2385 STIRLING ROAD~~
~~DANIA FL 33312~~
US

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

REINSTATEMENT 2000

4. Date Incorporated or Qualified To Do Business in Florida

12/02/1994.

5. FEI Number

Applied For
Not Applicable

65-0540207

Country **US**

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

7. Names and Street Addresses 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	4 City / State / Zip
PD	SCHMIDT ANTHONY P JR	95-A ISLE OF VENICE	FORT LAUDERDALE FL 33301
		1434 Autumn Trail	West French, MI 48661
			900003501629--5
			-12/14/00--01071--012
			****750.00 ****750.00

9. Name and Address of New Registered Agent

Name _____

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

500 S.E. Sixth Street, Apt. 100

Suite, Apt. #, Etc.

Suite 100 - Jay Mark Bldg.

City **Fort Lauderdale**

State	Zip Code
FI	33301

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.

Date 12/7/00

~~REGISTERED AGENT MUST SIGN~~

11. I certify that I am an officer or director of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00

Date _____

Daytime Phone #