PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Kather ne Harris

Secreta y of State

DIVISION OF CORPORATIONS

DOCUMENT #

P95000000059

1. Corporation Name APAT, INC.

Principal Place of Business

METZ, GUENTER

SUHANDRON, KENNETH

Mailing Address

2000 BANKS RD-

2000 BANKS-RD

97E-222 MARGATE FL-30003 -STE-222 -MARGATE-FL-33063

118--

Title(s)

P

**VP** 

<del>- 69</del>-

If above addresses are incorrect in any way, line through incorrect information an I enter correction below. 2. New Principal Office Address, If Applicable New Mailing Office Address, If Applicable South Military 20 SudhMilitary Train Suite, Apt. #, etc. enfeld Buch A 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least

Name of Officers

and/or Directors

FILED SECRETARY OF STATE

OVISION OF CORPORATIONS

01 APR 30 PM 3: 19

REINS	STATEMENT		D-0
Date Incorporated or Qualified To Do Business in Florida 01/03/1995			
5. FEI Number 65-0547025 -			Applied For
		~ =-	Not Applicable
CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
t 3 directors)			
	City / State / Zip		
	BOCA RATON FL 33434		
	MARGATE FL 33063		
	00004212		ZZ

\*\*\*\*150.00 700004212 -05/11/01 -01033--003 \*\*\*\*750.0 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent

Street Address of Each Officer and/or Director

19730 SAWGRASS DR., UNIT 3403

2000 BANKS RD STE 222

SUHANDRON, KENNETH 2000 BANKS RD STE 222 \_MARGATE FL 33063

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

2ip Code 33442

10. I, being appointed the registered agent of the above

Signature of Registered Agent

REGISTERED AGENT MUST SI 3N

11. I certify that I am an officer or director or the receiver or trustee empowered to ellecute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling on this application is true and accurate, and my signature shall have the same is jal effect as if made under oath,

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 his form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR