

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$750.00

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 18 AM 8:00

DOCUMENT # P95000037096

1. Corporation Name

APEX FINANCIAL SYSTEMS, INC.

REINSTATEMENT 03



100024796071
11/18/03--01020--023 **750.00

MRS

Principal Place of Business

Mailing Address

3317 NW 10TH TERRACE
409
FORT LAUDERDALE FL 33309

3317 NW 10TH TERRACE
409
FORT LAUDERDALE FL 33309

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

4. Date Incorporated or Qualified To Do Business in Florida

05/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0591528

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	STEWART, MAURICE	6060 N.W. 44TH WAY	COCONUT CREEK FL
S	STEWART, JANET	6060 N.W. 44TH WAY	COCONUT CREEK FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEWART, MAURICE
3689 HUDSON LANE
BOYNTON BEACH FL 33436

Name MAURICE STEWART
Street Address (P.O. Box Number is Not Acceptable)
3689 HUDSON LANE
Suite, Apt. #, Etc.
City Boynton Beach State FL Zip Code 33436

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. or 617.0505, F.S.

Signature of Registered Agent

Date 10-10-03

REGISTERED AGENT MUST SIGN

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE STEWART

Date

Daytime Phone #

10-10-03

954-563
2650

CR2E040 (7/03)