

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR **REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

93 MAR 12 AM 1:07
TALLAHASSEE, FLORIDA

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-03/22/99--01140--003
****300.00 ****300.00

DOCUMENT # **P96 000084081**

1. Corporation Name
A.P.D.P. ENTERPRISES INTERNATIONAL INC.

Principal Place of Business Mailing Address
**3650 N. FEDERAL HWY (SAME)
LIGHTHOUSE POINT, FL 33064**

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

2. New Principal Office Address, if Applicable SAME		3. New Mailing Office Address, if Applicable SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida **9/12/96**

5. FEI Number **65-0700021**

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

Applied For ☐ Not Applicable

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	ANDREY POLLACK	3650 N. FEDERAL HWY	LIGHTHOUSE POINT, FL 33064
S	DONALD POLLACK	3650 N. FEDERAL HWY	LIGHTHOUSE POINT, FL 33064

B. 98-99 AR 3/16/99

8. Name and Address of Current Registered Agent

**DONALD POLLACK
3650 N. FEDERAL HWY
LIGHTHOUSE POINT, FL 33064**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

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 **Donald Pollack**
REGISTERED AGENT MUST SIGN

Date **2/26/99**

11. This corporation owes 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)(b), 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: **Donald Pollack**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DONALD POLLACK

2/26/99 **954-785-8419**

CR2F081 (2-98)

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A.P.D.P. Enterprises Int'l Inc
3650 North Federal Highway
Lighthouse Point, FL 33064

2/26/99

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is our application for reinstatement. We never received notice because our mail was not forwarded, and no notice was sent to our store address.

Thank you for sending the application for reinstatement, and if there is anyway (due to non-receipt of the notice by us) to return our check for a lesser amount, it would be greatly appreciated. We only learned about the disolution of our Corp. from a notice sent by the Florida Lottery.

Yours very truly



Donald Pollack