

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000034183

1. Entity Name  
APWII INC.



FILED

04 NOV -3 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

04

Principal Place of Business  
8750 SW 132ND STREET  
MIAMI, FL 33176

Mailing Address  
8750 SW 132ND STREET  
MIAMI, FL 33176

2. Principal Place of Business  
8740 SW 132 ST  
Suite, Apt. #, etc.

3. Mailing Address  
8740 SW 132 ST  
Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

4. FEI Number  
59-3440488

Not Applicable

Zip  
33176

Country  
MIAMI DADE

Zip  
33176

Country  
MIAMI DADE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINGRAD, ARI  
8750 SW 132ND STREET  
MIAMI, FL 33176

Name  
NANCY C. VALCARCE, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
8714 SW 132 ST  
City  
MIAMI FL Zip Code  
33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of current registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/1/04

FILE NOW!!! FEE IS \$150.00  
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
WEINGRAD, ARI  
8750 SW 132ND STREET  
MIAMI, FL 33176 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P.  
WEINGRAD, ARI  
8740 SW 132 ST  
MIAMI FL 33176 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200042435472  
11/03/04--01025--022 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/04

(302) 343-0000

Daytime Phone #

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