

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 23 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000081963

1. Corporation Name

APPLE PROPERTIES, INC.

Principal Place of Business

1461 S. OCEAN BLVD.
#309
POMPANO BEACH FL 33062

Mailing Address

1461 S. OCEAN BLVD.
#309
POMPANO BEACH FL 33062

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

2. New Principal Office Address, If Applicable

3170 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 215

City & State
LIGHTHOUSE POINT, FL

Zip 33064 Country U.S.A

3. New Mailing Office Address, If Applicable

3170 N. FEDERAL HWY
Suite, Apt. #, etc.
SUITE 215

City & State
LIGHTHOUSE POINT, FL

Zip 33064 Country U.S.A

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1997

5. FEI Number

65-0782232

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SICOLI, NORMA C	1461 S. OCEAN BLVD. SUITE 309	POMPANO BEACH FL 33062
VD	DE MIRANDA, NORMA	5295 VENTURA DRIVE	DELRAY BEACH FL 33484

REINSTATEMENT 00 TS
400003455644-5
-11/07/00-01094-002
****750.00 ****750.00

8. Name and Address of Current Registered Agent

SICOLI, N C
1461 S. OCEAN BLVD
STE 309
POMPANO BEACH FL 33062

9. Name and Address of New Registered Agent

Name
SICOLI NORMA C
Street Address (P.O. Box Number is Not Acceptable)
3170 N. FEDERAL HWY
Suite, Apt. #, Etc.
SUITE 215
City
LIGHTHOUSE POINT
State
FL
Zip Code
33064

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
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/18/00

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 OF NORMA C SICOLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00 954-782-6911
Date Daytime Phone #

CR2040 (8/00)