

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 24 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

APEX DESIGN & CONSTRUCTION, INC

pg 8 0000 28924

2. Principal Office Address

14 NW 9th AVE - ~~UNIT A~~

Suite, Apt. #, etc.

A

City & State

GAINESVILLE, FL

Zip

32601

Country

USA

3. Mailing Office Address

P.O. Box 90219

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

Zip

32607

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

3-27-98

5. FEI Number

59-3497860

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL D. GRIM

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

14 NW 9th AVE

Suite, Apt. #, Etc.

A

City

GAINESVILLE

State

FL

Zip Code

32601

300005728603--8

-06/10/02--01051--028

***900.00 ***900.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Michael D. Grim

Date 5-23-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL D. GRIM	14 NW 9th AVE	GAINESVILLE, FL 32601
T	MICHAEL D. GRIM	" "	" "

10. 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:

Michael D. Grim

5-23-02

Date

352-375-1444

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)