

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 MAY 23 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P98000076138

1. Corporation Name

ACQUISITION PARTNERS III, INC.

2. Principal Office Address

4350 W. CYPRRESS STREET

Suite, Apt. #, etc.

SUITE 440

City & State

TAMPA FL

Zip

33607

Country

HILLSBOROUGH

3. Mailing Office Address

533 S. HOWARD AVE

Suite, Apt. #, etc.

#8 PMB-52

City & State

TAMPA FL

Zip

33606

Country

HILLSBOROUGH

4. Date Incorporated or Qualified
To Do Business in Florida

8-25-98

5. FEI Number

59-3600146

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

LEONARD, RIVERSON S.

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

533 S HOWARD AVE

Suite, Apt. #, Etc.

#8 PMB-52

City

TAMPA

State

FL

Zip Code

33606

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 5-10-00

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
PRESIDENT CEO	ALEXANDER F. HERN	533 S. HOWARD AVE #8 PMB-52	TAMPA FL 33606
VP SECT RA	RIVERSON S. LEONARD	533 S. HOWARD AVE #8 PMB-52	TAMPA FL 33606

REINSTATEMENT

99-00
[Signature]

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-10-00

Date

813-414-0233

Daytime Phone #