

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 OCT -8 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P 98000102649

1. Corporation Name

APOLLO PURCHASING, CORP.

2. Principal Office Address

2600 NW 72 AVE

3. Mailing Office Address

2600 NW 72 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

Country

33122

Zip

Country

33122

REINSTATEMENT

2001

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/98

5. FEI Number

650 933002

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

GERARDO HEVIA

0000004642050

-10/18/01--01065--021

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

1405 SW 107 AVENUE

***750.00 ***750.00

Suite, Apt. #, Etc.

301-A

City

MIAMI

State

FL

Zip Code

33174

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

Gerardo Hevia

REGISTERED AGENT MUST SIGN

Date 10/4/01

LS

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	MARGOTH RUEDA	9619 S. DIXIE Hwy.	MIAMI, FL. 33156

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)(f), 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:

Margoth Rueda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-2501

Date

3054692700

Daytime Phone #

CR2E081 (9/00)