PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 07 OCT 31 AM 10: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA |

DOCUMENT # P99000017283

1. Corporation Name

APF Industries, Inc.

2. Principal Office Address - No P.O. Box #
13131 93rd St. North

Suite, Apt. #, etc.

City & State
Largo, Florida

Zip 33773   Country USA

3. Mailing Office Address
13131 93rd St. North

Suite, Apt. #, etc.

City & State
Largo, Florida

Zip 33773   Country USA

REINSTATEMENT
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 2/22/1999

5. FEI Number 59-3560686   ☐ 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
John R. Wofford

Street Address (P.O. Box Number is Not Acceptable)
13131 93rd Street North

Suite, Apt. #, Etc.

City Largo   State FL   Zip Code 33773

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 _____John R. Wofford_____   Date __7/17/07__

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
D	John R. Wofford	13131 93rd St. North	Largo, FL 33773
			800111535358 10/31/07--01010--010 **450.00

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 contained in Chapter 119, 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: _____John R. Wofford_____   7/17/07   727-518-6348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

B. Mitchell   OCT 3 1 2007