

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 OCT 23 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P99000072139**

1. Corporation Name

Apple Theatre, Inc.

REINSTATE!

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

150 E. Cocoa Bch Cswy

Suite, Apt. #, etc.

3. Mailing Office Address

150 E. Cocoa Bch Cswy

Suite, Apt. #, etc.

City & State

Cocoa Beach FL

City & State

Cocoa Beach FL

Zip

32931

Country

USA

Zip

32931

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

592018485

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

Daniel DiColla

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

150 E. Cocoa Beach Cswy.

Suite, Apt. #, Etc.

City

Cocoa Beach

State

FL

Zip Code

32931

☐ 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

Daniel DiColla

Date

10-18-07

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
PST	Daniel DiColla	150 E. Cocoa Bch Cswy.	Cocoa Beach FL 32931

400111202154
10/28/07--01028--013 **1000.00
400111202154
10/23/07--01028--014 **58.75

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:

Daniel DiColla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-18-07 321 7844 753

Daytime Phone #