

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # S35075

1. Corporation Name

APPLEMAY, INC.

Principal Place of Business

2125 WINDWARD WAY
SUITE 200
VERO BEACH FL 32963

Mailing Address

2125 WINDWARD WAY
SUITE 200
VERO BEACH FL 32963

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

622 2nd Lane
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

622 2nd Lane
Suite, Apt. #, etc.

City & State

Vero Beach, FL

City & State

Vero Beach, FL

Zip

32962

Country

USA

Zip

32962

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/1991

5. FEI Number

65-0250011

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	Button, John E.	622 2nd Lane	Vero Beach, FL 32962
D	Button, John E.	622 2nd Lane	Vero Beach, FL 32962

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****908.75 ****908.75

REINSTATEMENT 99-00 1 TS

8. Name and Address of Current Registered Agent

HUDSON, DOROTHY A.
2919 CARDINAL DRIVE
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name

Button, John E.

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

622 2nd Lane

Suite, Apt. #, Etc.

City

Vero Beach

State Zip Code

FL

32962

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 1/12/2000

11. 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: *John E. Button*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-589
5811
Date 1/12/2000
Daytime Phone #