

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC -4 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091032**

1. Corporation Name

AUTOMATED RETAIL PLACEMENT, CO.

Principal Place of Business

Mailing Address

2985 BRADFORD CIR
PALM HARBOR FL 34685

2985 BRADFORD CIR
PALM HARBOR FL 34685



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida		12/16/1994
5. FEI Number	59-3284530	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	VAN GORDEN, RUTH E.	2985 BRADFORD CIR	PALM HARBOR FL
ST	VAN GORDEN, HAROLD	2985 BRADFORD CIR	PALM HARBOR FL

700002022757--8
-12/06/96-01096-029
****200.00 ****200.00

JB12-4-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
VANGORDEN, HAROLD 2985 BRADFORD CIR PALM HARBOR FL 34685	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 700002022757--8 -12/06/96-01096-030 City ****175.00 to ****175.00 FL

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 Harold Van Gorden REGISTERED AGENT MUST SIGN Date 9/26/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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 Harold Van Gorden REGISTERED AGENT MUST SIGN Date 9/26/96 Daytime Phone #