

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

96 DEC -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 295000060344
1 Corporation Name
ATLANTIC CONSULTANTS, INC.

Principal Place of Business Mailing Address
25050 OVERSEAS HIGHWAY 25050 OVERSEAS HIGHWAY
SUMMERLAND KEY, FL. SUMMERLAND KEY, FL.
33042-0829, U.S.A. 33042-0829, U.S.A.

90002023549--6
-12/09/96--01028--012
****300.00 ****300.00
90002023549--6
-12/09/96--01028--013
****300.00 ****300.00

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

2. New Principal Office Address, If Applicable
P.O. BOX 5932
Suite, Apt. #, etc.
City & State
DELTONA, FLORIDA
Zip
32728
Country
VOLUSIA

3. New Mailing Address, If Applicable
ALBRECHT-ROTH-STR. 36
Suite, Apt. #, etc.
City & State
D-28737 BREMEN, GERMANY
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
AUGUST 4, 1995
5. FEI Number
Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$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
D/P	BOTHE, H. MELCHIOR FOUNDER	ALBRECHT-ROTH-STR. 36	D-28737 BREMEN, GERMANY
D	BOTHE, VOLKER FOUNDER	ALBRECHT-ROTH-STR. 36	D-28737 BREMEN, GERMANY
D	JACOBSON, EDWARD	385 SOUTH NORTHLAKE BLVD.	ALTAMONTE SPRINGS, FL. 32701, U.S.A.
REINSTATEMENT 1996			
<i>U. Alan</i>			

8. Name and Address of Current Registered Agent
MR. EROL M. VURAL, ESQ.
25050 OVERSEAS HIGHWAY
2nd FLOOR BARNETT BANK
SUMMERLAND KEY, FL. 33042-0829 U.S.A.

9. Name and Address of New Registered Agent
Name
Capital Connection, Inc.
Street Address (P.O. Box Number is Not Acceptable)
417 East Virginia Street. Suite #1
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

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 *Mark T...* for Capital Connection Date 12-9-96
REGISTERED AGENT MUST SIGN

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: EDWARD JACOBSON *Edward Jacobson* Date Nov. 15 1996 Daytime Phone # (407) 834-4595