



FLORIDA DEPARTMENT OF STATE

July 28, 1995

Sandra B. Morham
Secretary of State

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: ATLANTIC CONSULTANTS, INC.
Ref. Number: W95000015252

We have received your document for ATLANTIC CONSULTANTS, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 695A00035948

Corrected



FLORIDA DEPARTMENT OF STATE

July 31, 1995

Sandra B. Mortham
Secretary of State

CAPITAL CONNECTION
P.O. BOX 10349
TALLAHASSEE, FL 32302

SUBJECT: ATLANTIC CONSULTANTS, INC.
Ref. Number: W95000015252

We have received your document for ATLANTIC CONSULTANTS, INC.. However, the document has not been filed and is being returned for the following:

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 495A00036095

Agnes Lunt

FILED
SECRETARY OF STATE
CORPORATIONS

85 AUG -4 PM 1:22

Articles of Incorporation
ATLANTIC CONSULTANTS, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I
NAME and PRINCIPAL ADDRESS

The name of the corporation is: ATLANTIC CONSULTANTS, INC., and the initial principal address of the corporation is: 25050 Overseas Highway, Summerland Key, FL 33042-0829.

ARTICLE II
PURPOSE

The purpose for which the corporation is organized is to transact any or all lawful business for which corporations may be incorporated under Chapter 607 Florida Statutes as now exists or may hereafter be.

ARTICLE III
CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000).

ARTICLE IV
REGISTERED AGENT

The street address and city of the initial registered office of the corporation is 25050 Overseas Highway, Second Floor of the Barnett Bank on Summerland Key, Florida, and the name of the registered agent at such address is Erol M. Vural, Esq.

ARTICLE V
DIRECTORS and INCORPORATORS

The number of the members constituting the initial Board of Directors of the corporation is two, and the names and addresses of the persons who are to serve as the initial directors and incorporators of the corporation are:

H. Melchior Bothe, Volker Bothe,
Rolf Plank and Paul Gartmann

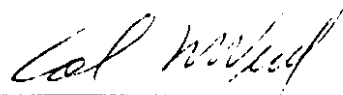
Gotenstrasse 16
10829 Berlin, Deutschland

Erol M Vural

25050 Overseas Highway
Summerland Key, FL 33042-0829

Dated this 1st day of August, 1995.

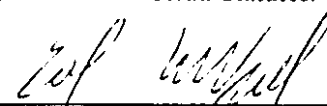
IN WITNESS WHEREOF, the undersigned being the incorporator of this corporation have executed these Articles of Incorporation



Erol M. Vural

ACCEPTANCE BY REGISTERED AGENT

Having been named to accept service of process for the above state corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.0505 Florida Statutes.



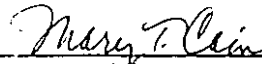
Erol M. Vural

STATE OF FLORIDA
COUNTY OF MONROE

Before me, the undersigned authority, personally appeared Erol M. Vural, Esq., to me well known to be the person who executed the foregoing articles of incorporation and acknowledge before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth.

FILED STATE
SECRETARY OF CORPORATIONS
95 AUG -4 PM 1:22

IN WITNESS WHEREOF, I have hereunto set my hand and seal this 1st day of August, 1995.



Notary Public

OFFICIAL NOTARY SEAL
MARY T CAIN
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC194500
MY COMMISSION EXP. MAY 17, 1996

FOR
REINSTATEMENT



Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P45000060344*

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.

900002023549--6
-12/09/96--01028--012
****300.00 ****300.00
900002023549--6
-12/09/96--01028--013
DONOR: 108125 BRACH *****83.75

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

3 New Mailing Address, if Applicable
ALBRECHT-ROTH-STR. 36
Suite Apt # etc

4 Date Incorporated or Qualified To Do Business in Florida
AUGUST 4, 1995

City & State DELTONA, FLORIDA
Zip 32728 Country VOLUSIA

City & State D-28737 BREMEN, GERMANY
Zip Country

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
G. Alan

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent *12-9-96*

MR. EROL M. VURAL, ESQ.
25050 OVERSEAS HIGHWAY
2nd FLOOR BARNETT BANK
SUMMERLAND KEY, FL. 33042-0829 U.S.A.

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 *Mink 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 (407) 834-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2EC401120

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 277-1222

P95000060344

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

CF
 \$ 87.50

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	5/12/97	_____	_____
TIME	9:00	_____	CK No. _____
BY	WZ	_____	_____

WALK-IN Will Pick Up _____

WALK-IN CONSULTANTS 270

CC. FEE. DISBURSED

Art. of Amend. File **200002178372--3**

Dissolution/Withdrawal **-05414297--01080--002**

C U S. ******350.00 ****87.50**

Fictitious Name File _____

Name Reservation _____

Annual Report/Reinstatement _____

Reg. Agent ~~Service~~ *Resign* _____

Document Filing _____

Corporate Kit _____

Vehicle Search _____

Driving Record _____

Document Retrieval _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

File No.'s, Copies _____

Courier Service _____

Shipping/Handling _____

Phone () _____

Top Priority _____

Express Mail Prop. _____

FAX () pgs. _____

SECRETARIAT
 TALLAHASSEE FLORIDA
 97 MAY 12 AM 11:43

97 MAY 12 PM 09:30

SUBTOTALS _____

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ <i>5/12</i>
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____

RA. Resign

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

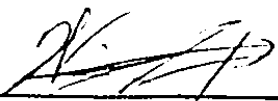
RESIGNATION OF REGISTERED AGENT

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509,

Florida Statutes, the undersigned, Capital Connection, Inc.
(Name of registered agent)

hereby resigns as Registered Agent for Atlantic Consultants, Inc.
(Name of corporation)

A copy of this resignation was mailed to the above listed corporation at its last known address.
The agency is terminated and the office discontinued on the 31st day after the date on which
this statement is filed.



(Signature of resigning agent)

If signing on behalf of an entity:

Weimar Lopez
(Typed or Printed Name)

Registered Agent Coordinator
(Capacity)

SECRETARY OF STATE
TALLAHASSEE FLORIDA
97 MAY 12 AM 11:43

Fee for filing this document:
\$87.50 - Active corporation
\$35.00 - Administratively dissolved corporation

795000060344

ATLANTIC CONSULTANTS, INC.
 P.O. BOX 5932
 DELTONA, FL. 32728

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____
 Mail out Will wait Photocopy
 Certified Copy
 Certificate of Status

FILED
 97 JUL 11 AM 8:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

700002236047--6
 -07/11/97--01079--013
 *****35.00 *****35.00

Examiner's Initials *De 7/10*

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: ATLANTIC CONSULTANTS, INC.

2. The mailing address of the corporation is: P.O. BOX 5932 DELTONA, FLORIDA 32728

3. Date of incorporation/qualification: 08/04/1995 Document number: P95000060344 (5)

4. The name and address of the current registered agent and office:

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA STREET SUITE #1
TALLAHASSEE, FLORIDA 32301

5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)

EDWARD JACOBSON
385 SOUTH NORTHLAKE BLVD. #2036
ALTAMONTE SPRINGS, FLORIDA 32701

FILED
97 JUL 11 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

(Signature of an officer, chairman or vice chairman of the board) July 9, 1997 (Date)

EDWARD JACOBSON OFFICER /VICE PRESIDENT, U.S. OPERATIONS (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

(Signature of Registered Agent) July 9, 1997 (Date)

If signing on behalf of an entity: (Typed or Printed Name) (Capacity)