

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

DOCUMENT # 1762100

1. Corporation Name

ATRIUM CIVIC IMPROVEMENT ASSOCIATION, INC.

98 APR 27 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO Box 4673
Winter Park, FL 32793

PO Box 4673
Winter Park, FL 32793

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

2. New Principal Office Address, If Applicable

PO Box 4673

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 4673

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

2.25.1982

5. FEI Number

59-2315297

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

Winter Park

City & State

Winter Park, FL

Zip

32793

Country

ORANGE

Zip

32793

Country

ORANGE

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Alma Winston	2331 ATRIUM CIRCLE ORLANDO, FL.	ORLANDO, FL. 32808
	THAD GREEN	5302 PINEBURY CT	ORLANDO, FL. 32808
	JULIE JOHNSON	2281 ATRIUM CIR	ORLANDO, FL. 32808

REINSTATEMENT 9/7/98

70000250884

-05/04/98-010091-003

****297.50 ****297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Property First, Inc., Beth

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

1840 Cypress Ridge Dr. PALMER

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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

Beth Palmer

REGISTERED AGENT MUST SIGN

Date

4.21.98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Julie Johnson

Date

4.21.98

Daytime Phone #