

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FILED

98 NOV 18 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 431538

1. Corporation Name

ATKINS REALTY INCORPORATED

Principal Place of Business

Mailing Address

3547 HENDRICKS AVE  
JACKSONVILLE FL 32207

3547 HENDRICKS AVE  
JACKSONVILLE FL 32207

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

4. Date Incorporated or Qualified  
To Do Business in Florida

07/27/1973

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1478185

Applied For

Not Applicable

City & State

City & State

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
PD	ATKINS, PAMELA T.	1482 BIRMINGHAM RD.	JACKSONVILLE FL
VSTD	ATKINS, ROBERT L.	1482 BIRMINGHAM RD.	JACKSONVILLE FL

700002694927--4  
-11/24/98--01020--014  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ATKINS, ROBERT L.  
3547 HENDRICKS AVE.  
JACKSONVILLE FL 32207

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Robert L. Atkins*

FEES REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/13/98

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:

*Pamela Atkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/13/98  
Date

904/399-0404  
Daytime Phone #

CR2020-00 (\$98)



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November 13, 1998

Florida Department of State  
Division of Corporations  
P. O. Box 54327  
Tallahassee, Florida 32314

Dear Sir,

Please find the application for reinstatement for our corporation and the check in the amount of \$150 as advised by your office for consideration of waiving late fees due to the fact that we have received no original notice or follow up notice for this report.

We appreciate any consideration you might give.

Thank you.

A handwritten signature in cursive script that reads "Pamela T. Atkins".

Pamela T. Atkins  
President

/pc

enclosure