

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 431538		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 22 AM 11:38</div> <div>500003033265--9 -11/02/99-01108-026 ***150.00 ***150.00</div> <div>8/10/25</div>	
1. Corporation Name ATKINS REALTY INCORPORATED			
Principal Place of Business 3547 HENDRICKS AVE JACKSONVILLE FL 32207			
Mailing Address 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 11516 San Jose Blvd. Suite, Apt. #, etc. Suite #1 City & State Jacksonville, FL Zip 32223 Country USA		3. New Mailing Office Address, If Applicable 11516 San Jose Blvd. Suite, Apt. #, etc. Suite #1 City & State Jacksonville, FL Zip 32223 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 07/27/1973		5. FEI Number 59-1478185	
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	4. City / State / Zip
PD	ATKINS, PAMELA T.	1482 BIRMINGHAM RD.	JACKSONVILLE FL
VSTD	ATKINS, ROBERT L.	1482 BIRMINGHAM RD.	JACKSONVILLE FL
8. Name and Address of Current Registered Agent ATKINS, ROBERT L. 3547 HENDRICKS AVE. JACKSONVILLE FL 32207			
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11516 San Jose Blvd. Suite, Apt. #, Etc. Suite #1 City Jacksonville State FL Zip Code 32223			
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 Date: 10/19/99 REGISTERED AGENT MUST SIGN			
11. 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: Robert L. Atkins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/19/99 Daytime Phone #: 904/262-2121			



Atkins Realty, Inc.

October 15, 1999

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.

We are asking that you waive the reinstatement charge due to the fact that we have no record or receiving this original paperwork. We do understand that that occurred last year and you graciously waived the reinstatement fee for the same reason. We can give no other explanation for this second occurrence except for the state that we still received no paperwork this year as well and even though we should have remembered, we can only surmise that the oversight occurred due to the fact we had just recently done it (November of 1998).

We do understand and will mark our calendars that the reports come out in January and are due by May. There will not be an oversight in 2000.

Any consideration you can give would be greatly appreciated.

Sincerely,

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

Pamela T. Atkins
President

Enclosure

/pa