

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 525986

FILED  
Oct 20, 2004  
Secretary of State

Entity Name: ATLANTIC TESTING LABORATORIES, INC.

**Current Principal Place of Business:**

1861 AVOCADO AVENUE  
MELBOURNE, FL 32935 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 360816  
MELBOURNE, FL 329360816 US

**New Mailing Address:**

FEI Number: 59-1722095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MEYER, R. WAYNE  
1861 AVOCADO AVENUE  
MELBOURNE, FL 32935 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MEYER, R W  
Address: 1861 AVOVADO AVE  
City-St-Zip: MELBOURNE, FL

Title: V ( ) Delete  
Name: TUCKER, DONALD M JR  
Address: 1861 AVOCADO AVENUE  
City-St-Zip: MELBOURNE, FL

Title: SD ( ) Delete  
Name: BECKHAM, CHARLENE B  
Address: 1861 AVOCADO AVENUE  
City-St-Zip: MELBOURNE, FL

Title: V ( ) Delete  
Name: BECKHAM, II L H.  
Address: 1861 AVOCADO AVE  
City-St-Zip: MELBOURNE, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. WAYNE MEYER

PTD

10/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date