

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING ~~APPLICATION~~ **REINSTATEMENT**.

**APPLICATION
FOR
REINSTATEMENT**



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

**AND
FILED**

1997 MAR 28 PM 2: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 648287

1. Corporation Name

A&T Investments, Inc.

Principal Place of Business

Mailing Address

**225 East Robinson Street, Suite 600
Orlando, Florida 32801**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
See above

3. New Mailing Address, If Applicable
See above

4. Date Incorporated or Qualified
To Do Business in Florida

12/6/79

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1991645

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Inge Gerda Ravida	One James Street South Main Post Office Box 2069,	Hamilton Ontario Canada L8N 3G6
			100002130611-2 -04/01/97--01102--010 ****165.00 ****165.00
			100002130611-2 -04/01/97--01102--011 ****758.75 ****758.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

**James R. Lussier
Mateer & Harbert, P.A.
225 East Robinson Street, Suite 600, Post
Office Box 2854
Orlando, Florida 32802-2854**

9. Name and Address of New Registered Agent

Name

See paragraph 8

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

James R. Lussier

REGISTERED AGENT MUST SIGN

Date **1/9/97**

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:

Inge Ravida

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97

Date

905-527-6877

Daytime Phone #

CR2000 (12/95)