

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

96 DEC -9 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **695002**

1 Corporation Name

LEONARD E. ATLAS, INC.

Principal Place of Business

TWO ALHAMBRA PLAZA
SUITE 609
CORAL GABLES FL 33134
US

Mailing Address

105 NW 109TH AVE
104
PEMBROKE PINES FL 33026
US

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



REINSTATEMENT

9600

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/16/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2080 BISCAYNE BLVD, #900

City & State

City & State

AVENTURA FL

Zip

Country

Zip

Country

33180

DADE

5. FEI Number

59-2109807

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for 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
PDT	ATLAS, LEONARD E.	1621 NW 92ND AVENUE 105 NW 109th AVE, APT 104	PEMBROKE PINES FL 33026
S	ATLAS, LEONARD E.	1621 NW 92ND AVENUE 105 NW 109th AVE, APT 104	PEMBROKE PINES FL 33026
			100002024581--6 -12/10/96--01072--019 ***375.00 ***375.00

8. Name and Address of Current Registered Agent

ATLAS, LEONARD E
105 NW 109TH AVE
#104
PEMBROKE PINES FL 33026

9. Name and Address of New Registered Agent

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

Leonard E. Atlas REGISTERED AGENT MUST SIGN

Date

12/1/96

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 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:

Leonard E. Atlas REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/1/96
Date

954/704-9277
Daytime Phone #