

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 759333

1. Corporation Name

ATLANTIS II, A CONDOMINIUM, INC.

Principal Place of Business

431 WAVERLY RD  
TALLAHASSEE FL 32312  
US

Mailing Address

431 WAVERLY RD  
TALLAHASSEE FL 32312  
US

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

07/28/1981

Suite, Apt. #, etc.

1800 - D Nicklaus Dr

Suite, Apt. #, etc.

1800-D Nicklaus Dr

City & State

Tallahassee FL

City & State

Tallahassee FL

Zip Country

32301

Zip

32301

Country

5. FEI Number

59-2217036

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	MOORE, ERICK	1815 NICKLOUS DR	TALLAHASSEE FL 32301
D	LATIMORE, MICHELLE	1800 B NICKLAUS	TALLAHASSEE FL 32301
D	ROBINSON, TAMMY	1520 HORSE WAY DR	ARLINGTON TX 76012
D	Burnham Stokes	1800-D Nicklaus Dr	Tallahassee FL 32301
D	Edward Blissard	1815-H Nicklaus Dr	Tallahassee FL 32301

8. Name and Address of Current Registered Agent

ISAACS, DAN L  
431 WAVERLY RD  
TALLAHASSEE FL 32312

9. Name and Address of New Registered Agent

Name Burnham Stokes  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 1800-D Nicklaus Dr  
City Tallahassee FL  
State FL Zip Code 32301

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

11/19/02 01011-011 \*\*\$1.25  
200009078142  
11/19/02 01011-011 \*\*\$1.25  
Date

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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02 459-6096  
Date Daytime Phone #

Zeitz

November 15, 2002

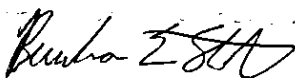
Burnham Stokes  
Atlantis II  
1800-D Nicklaus Dr.  
Tallahassee, FL 32301

To Whom it May Concern,

I have recently received a notice of dissolution of our home owners' association. Over a year ago, we changed the management of the association from an agent, Mr. Dan Isaacs, to the officers of the HMA. Mr. Dan Isaacs was required to forward all mail to us, but he did not forward any of the notices your agency had sent. This notification is the first I have received, and it was forwarded by Mr. Dan Isaacs this month. I am writing to request a waiver of the Reinstatement Fee for having not filed earlier. Enclosed is a check for the Annual Report Fee. If there are any problems, or if you have any questions, please call me at (950) 459-6096.

Sincerely,

850-459-6096



Burnham Stokes