

2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A02000000751

1. Entity Name
AMERICAN TRANSPORTATION MARKETING GROUP, LTD.



FILED

04 OCT 25 PM 4:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
10151 DEERWOOD PARK BLVD.
BUILDING 200 STE 250
JACKSONVILLE, FL 32256

Mailing Address
P.O. BOX 331545
ATLANTIC BEACH, FL 32233

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10202004 REIN-LP

CR2E100 (6/04)

10/25

4. FEI Number 03-0453358
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, MARK
136 EAST BAY STREET
JACKSONVILLE, FL 32202

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$210,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P02000024200
NAME AMERICAN TRANSPORTATION MARKETING GRP, INC
STREET ADDRESS 225 WATER STREET, SUITE 1250
CITY-ST-ZIP JACKSONVILLE, FL 32202

STREET ADDRESS 10151 DEERWOOD PARK BLVD.
CITY-ST-ZIP BLDG 200, SUITE 250
JACKSONVILLE, FL 32256

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Donald M. Wolf DONALD M. WOLFSON 10/20/04 904-371-3210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE