

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 DEC 11 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000001308

1. Corporation Name

ATX Services Inc.

2. Principal Office Address - No P.O. Box #
3483 Satellite Blvd.

3. Mailing Office Address
3483 Satellite Blvd.

Suite, Apt. #, etc.
215 South

Suite, Apt. #, etc.
215 South

City & State
Duluth, GA

City & State
Duluth, GA

Zip
30096

Country
USA

Zip
30096

Country
USA

CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida **09/16/2006**

5. FEI Number
43-2046821

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive

Suite, Apt. #, Etc.
Suite A

City
Tallahassee

State
FL

Zip Code
32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *Bayle Wundt asst sec*
REGISTERED AGENT MUST SIGN

Date **12-10-2007**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---------------|-----------------------------------|--|------------------------|
| Pres/Director | Robert Burkholder | 6115 Blackwater Trail NW | Atlanta, GA 30328-2716 |
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REINSTATEMENT

12-07

RLK

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12/14/07--01048--012 **1050.00

10. 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 contained in Chapter 119, 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]

Robert Burkholder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/07

Date

770 495 8140

Daytime Phone #