

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 AUG 30 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F1 4955

1. Corporation Name

Atlanta Property Services, Inc.

976 Brevard Avenue
976 Brevard Avenue

2. Principal Office Address

976 Brevard Avenue

3. Mailing Office Address

976 Brevard Avenue

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Rockledge, FL

City & State

Rockledge, FL

Zip

32955

Country

USA

Zip

32955

Country

USA

700037847857
06/10/04--01064--004 **750.00

700037847857
08/16/04--01023--001 **150.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/04/83

5. FEI Number

59-2856686

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dewey L. Harris

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

976 Brevard Avenue

Suite, Apt. #, Etc.

Suite A

City

Rockledge

State
FL

Zip Code
32955

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

REGISTERED AGENT MUST SIGN

Date 06/07/04

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
PTD	Michael Hill	670 Courtenay Pkwy	Merritt Island, FL 32954
D	Ann Hill	670 Courtenay Pkwy	Merritt Island, FL 32954

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Hill 2 June 2004

Date

Daytime Phone #

321-433-1191

CR2E081 (01/04)