


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F16842		FILED 99 OCT 28 PM 4:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA REINSTATEMENT 1999	
1 Corporation Name Atlantic Investment Systems, Inc.			
Principal Place of Business 1702 S. Washington Avenue Titusville, FL 32780			
Mailing Address SAME			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable N/A Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable N/A Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 1-20-81		5. FEI Number 59-2070176	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		S8 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)			
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
Director	John Hogan	c/o 1702 S. Washington Avenue	Titusville, FL 32780
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
John H. Evans, Esquire JOHN H. EVANS, P.A. 1702 South Washington Avenue Titusville, FL 32780		Name same Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City FL State 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 John H. Evans, Date 10-27-99 as Registered Agent REGISTERED AGENT MUST SIGN			
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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: John H. Evans, Date 10/27/99 Authorized agent SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #			