

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN -9 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F60543**

1. Corporation Name

ATKINS PAPER INC

W05-24653

2. Principal Office Address

2903 CLEARWAY

Suite, Apt. #, etc.

3. Mailing Office Address

2903 CLEARWAY

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL 32805

Zip

32805

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/30/81

5. FEI Number

59-2154865

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

ATKINS, CHARLES A. JR

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

2903 CLEARWAY

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32805

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

Date

REGISTERED AGENT MUST SIGN

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
P.D.	CHARLES A ATKINS JR	2903 CLEARWAY	ORLANDO FL 32805
S.D.	THOMAS W. LOVETT	801 N. MAGNOLIA AVE	ORLANDO 32801

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:

CAJ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-5-05 407 841 841

Date

Daytime Phone #

CR2E081 (01/05)

6/9/05