PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1042

APPLICATION FOR ~~REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

000U82

FILED
00 OCT 30 AM 11:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000002410

1. Corporation Name

ATLAS FOUNDATION CO.

Principal Place of Business	Mailing Address
P.O. BOX 117 ROGERS MN 55374	P.O. BOX 117 ROGERS MN 55374

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/14/1996

5. FEI Number: 41-0919012 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	STANNARD, G.E.	4933 THREE POINTS BLVD.	MOUND MN 55364
V	MARCINIAK, DOUGLAS M	727 - 75TH ST.	AMERY WI 54001
VT	PETERSON, DAVID I	1707 - 207TH LANE	CEDAR MN 55011
V	STANNARD, BRADLEY J	5232 SEABURY ROAD	MOUND MN 55364
S	GUNDERSON, ELIZABETH J	7532 90TH ST	PRINCETON MN 55371
VPD	WEINGART, PAUL S	10821 IRWIN SOUTH	BLOOMINGTON MN 55437

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. 300003468533--6 -11/17/00--01044--004 City ****150.00 State FL Zip Code ****150.00

CR2E040 (8/00)

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 SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE: Elizabeth J Gunderson Secretary 10/25/00 763-428-2261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELIZABETH J GUNDERSON

0107319 AE

ATLAS FOUNDATION CO.

P.O. Box 117 • Rogers, MN 55374
(763) 428-2261 • Fax: (763) 428-4754
Website: www.atlasfoundation.com

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October 25, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

As per your instructions from our 10/25/00-phone conversation, enclosed please find our Application For Reinstatement and a check for $150.00. We never received the 2000 Profit Corporation Annual Report that was due April 30, 2000. The only notice we have received is the Application for Reinstatement, which is enclosed.

Sincerely,

Atlas Foundation Co.

Paul S. Weingart
Vice President