

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F99000003726**

1. Corporation Name

**ATLAS OIL CORP.**

Principal Place of Business

Mailing Address

26 LINDEN AVENUE  
SPRINGFIELD NJ 07081

26 LINDEN AVENUE  
SPRINGFIELD NJ 07081

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

**07/21/1999**

5. FEI Number

**22-1824782**

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
PC	EISENBUD, BURTON	21 246C CLUBSIDE DRIVE	BOCA RATON FL 33434
V	EISENBUD, GARY	100 BROWNING ROAD	SHORT HILL NJ 07078
VSD	EISENBUD, LEONARD	57 RUTHERFORD ROAD	BERKELEY HEIGHTS NJ 07922
<del>VSD</del>	<del>LEVINE, BARRY</del>	<del>21 HICKORY BLVD</del>	<del>MABLETOWN NJ 07940</del>
No longer officer			
			200004695122--2 -11/27/01--01049--007 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

EISENBUD, BURTON  
21246-C CLUBSIDE DRIVE  
BOCA RATON FL 33434

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

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

REGISTERED AGENT MUST SIGN

Date

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01 OCT 31 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**2001 UBR**

CR2ED40 (8/01)

# ATLAS OIL

CORPORATION



26 LINDEN AVENUE  
SPRINGFIELD, NJ 07081

VOICE: (973) 258-1111  
FAX: (973) 258-9226

October 29, 2001

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed is our check for the annual fees that were due by May 31, 2001.  
We had not received the original notice for filing, and would appreciate a  
waiver of the reinstatement fee. Thanking you in advance for your help. I  
remain respectfully yours,

Leonard Eisenbud  
Atlas Oil Corp.

Re: letter # 101A00058623