


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<h1 style="font-size: 2em; margin: 0;">FILED</h1> <p style="font-size: 1.2em; margin: 5px 0;">97 FEB -4 AM 11:49</p> <p style="margin: 5px 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <h2 style="font-size: 1.5em; margin: 20px 0;">REINSTATEMENT</h2>
DOCUMENT # <span style="font-size: 1.5em; font-family: cursive;">H 15219</span>			
1. Corporation Name  ATC OF BRADENTON BEACH, INC.			
Principal Place of Business c/o Athena Collins 103 Gulf Drive North Bradenton Beach, FL 34217		Mailing Address c/o Athena Collins 103 Gulf Drive North Bradenton Beach, FL 34217	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 2101 72nd Street West Suite, Apt. #, etc.		3. New Mailing Address, If Applicable 2101 72nd Street West Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34209	Country US	Zip 34209	Country US
		4. Date Incorporated or Qualified To Do Business in Florida 7/31/84	
		5. FEI Number 59-2451935	
		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P/VP S/T	ATHENA C. FRIELER	2101 72nd Street West	Bradenton, FL 34209
8. Name and Address of Current Registered Agent  Athena Collins 103 Gulf Drive North Bradenton Beach, FL 34217		9. Name and Address of New Registered Agent Name Athena C. Frieler Street Address (P.O. Box Number is Not Acceptable) 2101 72nd Street West Suite, Apt. #, Etc.  City Bradenton State FL Zip Code 34209	
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 <span style="font-family: cursive; font-size: 1.2em;">Athena C. Frieler</span> Date <u>1/27/97</u> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I represent 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., and that all fees owed by the corporation have been paid. 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: <span style="font-family: cursive; font-size: 1.2em;">Athena C. Frieler</span>		Athena C. Frieler, President 1/27/97 (941) 794-5118	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E040 (1/2/95)