PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATE VENTER 1

FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOC	JMEN	Γ#
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H62103

1. Corporation Name

ATHERTON WOODS, INC.

Principal Place of Business

Mailing Address

2501 JAMMES RD.

JACKSONVILLE FL 32210

2501 JAMMES RD.

JACKSONVILLE FL 32210

FILED

02 NOV 12 AM 9: 38

TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail Suite, Apt. #, etc. Suite, Apt. # City & State City & State			Mailing Office Address, If Applicable pt. #, etc.		Date Incorporated or Qualified To Do Business in Florida O6/14/1985			
						Applied For		
		State			59-2559797	Not Applicabl		
ip	Country	Zip		Country	— 6. CERTIFICATE	OF STATUS DESIRED \$8	.75 Additional Fee requi for a Certificate of Statu	
Names	and Street Addresses of E	ach Officer and/or Direct	or (Florida nonpro	fit corporations must list at l	east 3 directors)			
Title(s)		e of Officers or Directors	Street Address of Ea Officer and/or Direct			City / State / Zip		
PD	RODDENBERRY, HAI	RRY H, JR	2501 JAMMES RD.		, ,	JACKSONVILLE FL 32210		
STD	FERGUSON, EMMET F., JR.		2263 RI	2263 RIVER BLVD.		JACKSONVILLE FL 32204		
				Rinker	70 11/12/	30089396)201093014	**150.00	
	8. Name and Addre	ess of Current Registers	ed Agent		9. Name and A	ddress of New Registered	Agent	
	ENDEDDY HADDY H	10		Name		······································		
RODDENBERRY, HARRY H., JR. 2501 JAMMES RD.				Street Address (P.O. Box Number is Not Acceptable)				
JACKSONVILLE FL 32210			Suite, Apt. #, Etc.					
				City	· · · · · · · · · · · · · · · · · · ·	State	Zip Code	
	specialized the registered a					n 607.0505, F.S. or 617.050	<u></u>	

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 AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

BEGISTERED AGENT MUST CIE

11/8/02 901-783-735'8 Date Daytime Phone # CP2E040 (8)

ATHERTON WOODSINC 2501 Jammes Road Jacksonville, Fl.32210

November 8,2002

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

Dear Sir:

In accordance with instructions in your Notice of Instructions about reenstating a corporation, I submit the following:

I did not receive the notices that were sent. With this letter, I am forwarding the @150,00 filing fee and requesting that Atherton Woods Inc be reenstated.

Thank You,

Harry H. Roddenberry, T.