

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# K85373

**FILED**  
**Feb 14, 2011**  
**Secretary of State**

**Entity Name:** JAMES D. ATKINSON, INC.

**Current Principal Place of Business:**

2249 SW SALMON RD  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

2249 SW SALMON RD  
PORT SAINT LUCIE, FL 34953 US

**Current Mailing Address:**

2249 SW SALMON RD  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

2249 SW SALMON RD  
PORT SAINT LUCIE, FL 34953 US

**FEI Number:** 65-0121009

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATKINSON, JAMES D.  
2249 SW SALMON RD  
PORT SAINT LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JAMES D. ATKINSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** ATKINSON, JAMES D  
**Address:** 2249 SW SALMON RD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** D  
**Name:** ATKINSON, JAMES D  
**Address:** 2249 SW SALMON RD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953

**Title:** VP  
**Name:** ATKINSON, TRACIE  
**Address:** 2249 SW SALMON RD  
**City-St-Zip:** PT ST LUCIE, FL 34953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES D. ATKINSON

PST

02/14/2011

Electronic Signature of Signing Officer or Director

Date