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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT — DIVISION OF CORPORATIONS

L02000030692

FILED

03 DEC 26 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030692

Name and Mailing Address

0002305 01 AT 0.292 **AUTO T1 0 0615 32502-591501

ATP SETTLEMENT GROUP, LLC
501 COMMENDENCIA STREET
PENSACOLA FL 32502-5915

2. New Mailing Address
501 Commendencia Street
City, State, Zip
Pensacola, FL 32502

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/15/2002

Principal Place of Business
501 COMMENDENCIA STREET
PENSACOLA FL 32501

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
applied-for
X Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent

MOUGEY, PETER
501 COMMENDENCIA STREET
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 11/5/03
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mr.	Thomas Treadwell (member)	501 Norriega Drive	Destin, FL 32571
Mr.	Charles Houser (member)	101 River Route	Magnolia Springs, AL 36555
Mr.	John Bell (member)	1055 Hillcrest Road, Ste B	Mobile, AL 36691
Mr.	Michael Carter (manager)	Hillcrest Commons 28851 N. Main Street	Daphne, AL 36526
	REINSTATEMENT 03	500025776205 12/26/03--01073--005 **150.00	
		AL	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager SIGNATURE REQUIRED Date 11/11/03 Daytime Phone # 850-432-2451

Typed or printed name of signing Managing Member/Manager