

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV 13 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M45877**

1. Corporation Name

ATLAS PROPERTIES, INC.

Principal Place of Business

16345 W. DIXIE HWY., SUITE 190
N. MIAMI BEACH FL 33160

Mailing Address

16345 W. DIXIE HWY., SUITE 190
N. MIAMI BEACH FL 33160

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1987

Suite, Apt. #, etc.

17038 W. Dixie Hwy

Suite, Apt. #, etc.

17038 W. Dixie Hwy

City & State

N.M.B. FL

City & State

N.M.B. FL

Zip

33160

Country

USA

Zip

33160

Country

USA

5. FEI Number

50-2832572

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	LINSENBAUM, LOUIS	16345 W. DIXIE HWY	N. MIAMI BEACH FL

200002009362--9

-11/20/96-01025-020

***383.75 ***383.75

UBI-15-90

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINSENBAUM, LOUIS
16345 W. DIXIE HWY
N. MIAMI BEACH FL 33160

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 607.0605, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/5/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/96

Daytime Phone #

383.75