

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 27 PM 7:54

DOCUMENT # N98000001742

1. Corporation Name

THE ATELIER ENSEMBLE, INCORPORATED

Principal Place of Business

Mailing Address

~~8626 VALENCIA ROAD~~
JACKSONVILLE FL 32205

~~8626 VALENCIA ROAD~~
JACKSONVILLE FL 32205

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

3623 Valencia Road

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

P.O. Box 37752

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32205

Country

City & State

Jacksonville, FL

Zip

32236

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1998

5. FEI Number

59-3552358

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D/P	STOUT, RICHARD K	3625 VALENCIA ROAD	JACKSONVILLE FL 32205
D/S	DAHL, CHRISTINA	3625 VALENCIA ROAD	JACKSONVILLE FL 32205
D/V	EVERY, KENNETH	1284 TALBOT AVE	JACKSONVILLE FL 32205
D	BARRETT, MELISSA P	9694 BROKEN OAK BLVD	JACKSONVILLE FL 32257
D	ROMATZ, MARK	9829 WARWICKSHIRE ROAD	JACKSONVILLE FL 32217

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LEWIS, DAVID R
2468 ATLANTIC BLVD
JACKSONVILLE FL 32207

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

300003035363--2

-11/04/99--01075--007

***236.25

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

REGISTERED AGENT MUST SIGN

Date

10/25/99

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.

AD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard K. Stout

10/21/99

Date

(904) 387-6485

Daytime Phone #