

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAR -7 PM 4:34

DOCUMENT # N98000005615

1. Corporation Name

ATHENAS MNG'T, INC.

2. Principal Office Address

3299 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

3. Mailing Office Address

3299 N. FEDERAL HIGHWAY

Suite, Apt. #, etc.

City & State

POMPANO BEACH FL

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651073028

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MICHAEL J. BECAL

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

3299 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City

POMPANO BEACH

State
FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/4/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	MICHAEL J. BECAL	3299 N. FEDERAL HIGHWAY	POMPANO BEACH FL 33064
DVTS	CHARLES HOUGHTON	3299 N. FEDERAL HIGHWAY	POMPANO BEACH FL 33064
D	CURTIS BURNS	3299 N. FEDERAL HIGHWAY	POMPANO BEACH FL 33064

10. 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:

MICHAEL J. BECAL, DP

Date

3/4/03

Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR