

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 8:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000053210**

1. Corporation Name

ATHA URBAN FLATS, INC

REINSTATEMENT 03-04

2. Principal Office Address

11 N. SUMMERLIN AVE

Suite, Apt. #, etc.

3. Mailing Office Address

11 N. SUMMERLIN AVE

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32801

Country

ORANGE

Zip

32801

Country

ORANGE

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2000

5. FEI Number

593658469

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

PHILIP C. RAMPY

500031763985
04/05/04--01005--010 **900.00

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

80 WAVERLY PLACE

500031763985

Suite, Apt. #, Etc.

04/05/04--01005--011 **8.75

City

ORLANDO, FLORIDA

State

FL

Zip Code

32806

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

Date

4/2/04

REGISTERED AGENT MUST SIGN

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
VTD	PHILIP C. RAMPY	80 WAVERLY PLACE	ORLANDO, FL 32806
PSD	ROBERT SCHEIWILLER	80 WAVERLY PLACE	ORLANDO, FL 32806

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/02/04 407-425-5069

Daytime Phone #

CR2E081 (01/04)