


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**  
**05 OCT 20 PM 3:59**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DOCUMENT # P01000044489</b> 1. Entity Name ATLAS GENERAL, INC.	
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Principal Place of Business ATLAS GENERAL, INC. 1250 BELLE AVE. STE. 101 WINTER SPRINGS, FL 32708	Mailing Address ATLAS GENERAL, INC. 1250 BELLE AVE. STE. 101 WINTER SPRINGS, FL 32708
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2. Principal Place of Business Atlas General Inc. Suite, Apt. #, etc. 1365 Bennett Drive Ste 117 City & State Longwood Florida Zip 32750 Country U.S.A.	3. Mailing Address Atlas General Inc. Suite, Apt. #, etc. 1365 Bennett Drive Ste 117 City & State Longwood Florida Zip 32750 Country U.S.A.
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**REINSTATEMENT** 10092005-0028094(6/04) 05

4. FEI Number 59-3715299	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent Name <u>Roy Day</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 Lamont Avenue</u> City <u>Longwood</u> FL Zip Code <u>32750</u>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Roy Day (NOTE: Registered Agent signature required when reinstating) DATE 10-5-05

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAY, ROY 100 LAMONT AVENUE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Roy Day 10-5-05 407-722-2158  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #