

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP 29 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000098703

1. Corporation Name

Atrium Management Company

2. Principal Office Address

115 International Parkway

Suite, Apt. #, etc.

City & State

Heathrow, FL

Zip

32746

Country

USA

3. Mailing Office Address

P.O. Box 950965

Suite, Apt. #, etc.

City & State

Lake Mary, FL

Zip

32795-0965

Country

USA

900023402079
09/29/03--01071--009 **750.00

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-10-2001

5. FEI Number

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

Rodger A. Marty

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

127 Oak Grove Circle

Suite, Apt. #, Etc.

City

Lake Mary

State

FL

Zip Code

32746

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 **September 26, 2003**

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
D,P	Deborah D. Marty	127 Oak Grove Circle	Lake Mary, FL 32746
D,VP	Rodger A. Marty	127 Oak Grove Circle	Lake Mary, FL 32746

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:

Rodger A. Marty

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

926-2003

407-585-2721

Date

Daytime Phone #

CR2E081 (10/02)

9/30