

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 16 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083309

1. Corporation Name

ATLAS (BRAND CLOTHING COMPANY)

800025513098
12/16/03--01012--012 **150.00

REINSTATEMENT 03

2. Principal Office Address

6784 Sabal Palm Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1395C US 1 South

Suite, Apt. #, etc.

City & State

St. Augustine, FL

City & State

St. Augustine, FL

Zip

32086

Country

US

Zip

32086

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8/01/2002

5. FEI Number

04-3706056

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 D. Wilson

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

6784 Sabal Palm Dr.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32086

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

Michael Wilson

REGISTERED AGENT MUST SIGN

Date

12-1-03

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
Mr. P	Michael D. Wilson	6784 Sabal Palm Dr.	St. Augustine, FL 32086

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 Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-1-03

Daytime Phone #

904-624-6903

CR2E081 (10/02)

12-1-03

FLORIDA DEPARTMENT OF STATE
Attention to whom it may concern

I did not receive the document for reinstatement. I acquired the enclosed documents from the Sunbiz.org Internet site. I request all fees be waved.

Michael Wilson
New Registered Agent / Officer
(904) 824-8903