

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

04 MAR 29 PM 12:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000123220

1. Corporation Name

A.T.R.B., Inc.

REINSTATEMENT 03-04

2. Principal Office Address

192 ORANGE AVE

3. Mailing Office Address

192 ORANGE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLERMONT, FL.

City & State

CLERMONT, FL.

Zip

Country

34711

U.S.A.

Zip

Country

34711

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

NOVEMBER 18, 2002

5. FEI Number

72-1580827

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

MARGIE ROWE BEDSOLE

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

192 ORANGE AVE

Suite, Apt. #, Etc.

City

CLERMONT

State  
FL

Zip Code

34711

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

Margie Rowe Bedsole

REGISTERED AGENT MUST SIGN

Date 3-23-04

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
P	MARGIE ROWE BEDSOLE	192 ORANGE AVE.	CLERMONT, FL. 34711

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:

Margie Rowe Bedsole, Inc. 3-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352-874-4400

Daytime Phone #

MARCH 23, 2004

AT. R. B., Inc.

192 ORANGE AVE.

CLERMONT, FL. 34711

FLORIDA DEPT. OF STATE  
DIVISION OF CORPORATIONS  
409 EAST GANNES ST.  
TALLAHASSEE, FL 32399

DEAR SIRs:

THIS LETTER IS TO ADVISE YOU THAT I HAVE NOT  
RECIEVED THE PROPER FORMS TO FILE MY REPORTS.

I AM ENCLOSING THE FEES FOR FILING  
ENCLUDING AN ADDITIONAL AMOUNT FOR CERTIFICATE  
OF STATUS. THE CHECK IS FOR \$308.75.

ENCLOSED IS A RETURN ENVELOPE FOR OVERNITE  
SERVICE.

THANK YOU KINDLY FOR YOUR HELP!

AT. R. B., Inc.  
M. R. B., Pres.

Margie Rowe Belsola