

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 AUG 17 PM 2:44

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P03000033130

1. Corporation Name

ROBERT ATER INTERIOR TRIM, INC.

2. Principal Office Address

6144 S.E. ORANGE BLOSSOM TRAIL

3. Mailing Office Address

6144 S.E. ORANGE BLOSSOM TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOBE SOUND, FL

City & State

HOBE SOUND, FL

Zip

33455

Country

US

Zip

33455

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 03/24/2003

5. FEI Number

300766566

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

ALL FLORIDA FIRM NONLAWYER

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

465 S. VOLUSIA AVE.

Suite, Apt. #, Etc.

SUITE # C

City

ORANGE CITY

State

FL

Zip Code

32763

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

 - ASS. Secretary
 REGISTERED AGENT MUST SIGN

Date


8/8/06

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
PS	ROBERT ATER	6144 S.E. ORANGE BLOSSOM TRAIL	HOBE SOUND, FL 33455

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 contained in Chapter 119, 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

8/8/06

Daytime Phone #

B. Mitchell

AUG 17 2006

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ROBERT ATER-P03000033130
ROBERT ATER INTERIOR TRIM, INC.

TO WHOM IT MAY CONCERN,

I AM ENCLOSING MY RINSTATEMENT FORM FOR MY CORPORATION. I
NEVER RECEIVED THE RENEWAL NOTIFICATION FOR MY CORPORATION.
THE INSTRUCTIONS FOR REINSTATEMENT INDICATE THAT IF I DID NOT
RECEIVE NOTICE, TO PUT THIS IN WRITING AND THE REINSTATEMENT FEE
WOULD BE WAIVED.

THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.

SINCERELY,
ROBERT ATER