

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -7 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000098416

1. Corporation Name

The Atlas Group, Consulting and Recruiting
Inc.

REINSTATEMENT 08-10

000174812760
04/07/10--01007--013 **450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

503 Fifth CT

Suite, Apt. #, etc.

3. Mailing Office Address

503 Fifth CT

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33410

Country

USA

Zip

33410

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7/13/2005

5. FEI Number

300329186

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

Greenspoon Marder P.A.
Greenspoon Marder Hirschfeld & Klein, P.C.

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

100 W. Cypress Creek RD.

Suite, Apt. #, Etc.

Suite 700

City

FT Lauderdale

State

FL

Zip Code

33309

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Robb Bimbaum
REGISTERED AGENT MUST SIGN

Date 3/16/10

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
PTV	Jeffrey McInnes	503 Fifth CT	Palm Beach Gardens FL 33410
SD	Mathew Ricci	2924 Center Ave	Fort Lauderdale FL 33308
D	Donald McInnes	12581 Palmetto Dr	Fort Myers, FL 33908

24/8

10. E-mail Address:

Jeff.McInnes@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Jeffrey McInnes

Jeffrey McInnes

954683-4045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RA Name change amendment file 05/04/2006