

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/2

DOCUMENT # P16245

1. Corporation Name

JUDI'S HOUSE, INC.

Principal Place of Business

Mailing Address

3650 HABERSHAM RD., STE. 102  
ATLANTA GA 30305

3650 HABERSHAM RD., STE. 102  
ATLANTA GA 30305

4200 NORTHSIDE PKWY  
BLDG 11, STE 100 ATLANTA, GA 30327

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/06/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

58-1745476

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>PTD</del>	<del>FEDELI, GINO</del>	<del>3650 HABERSHAM RD., STE 102</del>	<del>ATLANTA GA 30305</del>
S	BEACHAM, JOHN R	3650 HABERSHAM RD., STE. 102	ATLANTA GA 30305
PTD	CLAUDIO CAPROTTI	4200 NORTHSIDE PKWY BLDG. 11, SUITE 100	ATLANTA, GA. 30327
			500003485625--7 -12/05/00--01013--017 ****150.00 ****150.00 DUBK TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COBB, C-W  
47 PELLICO RD.  
SUGARLOAF KEY FL 33044

Name  
CLAUDIO CAPROTTI c/o MORGAN & HENDRICK  
Street Address (P.O. Box Number is Not Acceptable)  
317 WHITEHEAD STREET  
Suite, Apt. #, Etc.  
KEY WEST  
City  
KEY WEST  
State  
FL  
Zip Code  
33040

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date 10/10/2000

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/12/00

Daytime Phone #

404  
233 6394

**Judi's House Inc.**

4200 Northside Parkway  
Building 11, Suite 100  
Atlanta, Georgia 30327

202

October 13, 2000

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Dear Sir or Madam:

Enclosed please find the reinstatement request for the above named corporation for calendar year 1999. We respectfully request that you remit the penalty for the dissolution due to the fact that the office location changed and the post office failed to forward the forms to the new address. The corporation has continued to operate in Florida and is otherwise in good standing.

Sincerely,



John R. Beacham  
Secretary & Treasurer



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

October 23, 2000

JUDI'S HOUSE, INC.  
4200 NORTHSIDE PARKWAY  
BLDG. 11 STE. 100  
ATLANTA, GA 30327

SUBJECT: JUDI'S HOUSE, INC.  
Ref. Number: P16245

We have received your document for JUDI'S HOUSE, INC. and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

Please return your letter of explanation with your document.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Leslie Sellers  
Document Specialist

Letter Number: 700A00055310