




# 2005 FOR PROFIT CORPORATION- REINSTATEMENT

<b>DOCUMENT # P38756</b> 1. Entity Name <b>ATLANTA DESIGN ASSOCIATES, INC.</b>				<b>FILED</b> 05 OCT 24 PM 5:15 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3095 PRESIDENTIAL DR STE A ATLANTA, GA 30340 US</b>		Mailing Address <b>3095 PRESIDENTIAL DR STE A ATLANTA, GA 30340 US</b>			
2. Principal Place of Business <b>1650 Satellite Blvd Suite, Apt. #, etc. B</b>		3. Mailing Address <b>1650 Satellite Blvd Suite, Apt. #, etc. B</b>			
City & State <b>Duluth, GA</b>		City & State <b>Duluth, GA</b>		<b>REINSTATEMENT 2005</b> <i>Wap</i>	
Zip <b>30097</b> Country <b>US</b>		Zip <b>30097</b> Country <b>US</b>		4. FEI Number <b>58-1722942</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KIRKUS, GARY 3095-A PRSDIENTIAL DR ATLANTA, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV LOWERY, GARY 3095-A PRESIDENTIAL DR ATLANTA, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KIRKUS, PATRICIA 3095-A PRESIDENTIAL DR ATLANTA, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILL, DON 3095-A PRESIDENTIAL DR ATLANTA, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	600060899026 10/24/05--01063--002 **150.00				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Gary E. Kirkus</i> <b>10-18-05 (678) 584-4884</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					