

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P38756 1. Entity Name ATLANTA DESIGN ASSOCIATES, INC.	
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FILED

2008 AUG 13 AM 10: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-14-08



REINSTATEMENT

07-08

Principal Place of Business 1650 SATELLITE BLVD, #B DULUTH, GA 30097 US	Mailing Address 1650 SATELLITE BLVD, #B DULUTH, GA 30097 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip, Country	City & State Zip, Country
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4. FEI Number 58-1722942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Gary Kirkus* (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$300.00

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	CP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKUS, GARY			NAME			
STREET ADDRESS	1650 SATELLITE BLVD #B			STREET ADDRESS			
CITY - ST - ZIP	DULUTH, GA 30097			CITY - ST - ZIP			
NAME	VCV	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOWERY, GARY			NAME			
STREET ADDRESS	1650 SATELLITE BLVD #B			STREET ADDRESS			
CITY - ST - ZIP	DULUTH, GA 30097			CITY - ST - ZIP			
NAME	ST	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KIRKUS, PATRICIA			NAME			
STREET ADDRESS	1650 SATELLITE BLVD #B			STREET ADDRESS			
CITY - ST - ZIP	DULUTH, GA 30097			CITY - ST - ZIP			
NAME	D	<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILL, DON			NAME			
STREET ADDRESS	1650 SATELLITE BLVD #B			STREET ADDRESS			
CITY - ST - ZIP	DULUTH, GA 30097			CITY - ST - ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
NAME		<input type="checkbox"/> Delete		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

300134433503

08/13/08--01026--004 **300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: *Gary Kirkus* 8/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date