

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY 27 PM 1:29

DOCUMENT # P94000050807

1. Corporation Name

Atlas Resources International, Inc.

300156512403
05/28/09--01017--026 **1500.00

KS

REINSTATEMENT 04-09

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

390 N. Orange Avenue

Suite, Apt. #, etc.

Ste 1500

City & State

Orlando, Florida

Zip

32801

Country

USA

3. Mailing Office Address

390 N. Orange Avenue

Suite, Apt. #, etc.

Ste 1500

City & State

Orlando, Florida

Zip

32801

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/5/94

5. FEI Number 65-0509296

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

7. Name and Address of Current Registered Agent

Name

Gary D. Lipson

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

390 N. Orange Avenue

Suite, Apt. #, Etc.

Ste. 1500

City

Orlando

State

FL

Zip Code

32801

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

Date

5/22/09

REGISTERED AGENT MUST SIGN

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
R	Gary D. Lipson	390 N. Orange Avenue, Ste 1500, Orlando, Florida	32801

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

Daytime Phone #

GARY D. LIPSON AS RECEIVER 5/22/09