


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 JUN 18 PM 1:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P95000031293**

1. Corporation Name **ATLAS CONSULTING, INC.**
2437 Lake Vista CT Suite 307
Casselberry, FL 32707

Principal Place of Business Mailing Address

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/17/95	
City & State		City & State		5. FEI Number	
Zip		Country		59-3317309	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				Applied For	
				Not Applicable	
				\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	Sherwood Lawrence	2437 Lake Vista CT suite 307	Casselberry, FL 32707
V	Gary Ritzenhauer	110 NW 9TH Terrace	Gainesville FL 32601

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REINSTATEMENT 96-97

SL
 6-18-97

8. Name and Address of Current Registered Agent

Sherwood Lawrence
 2437 Lake Vista CT suite 307
 Casselberry FL 32707

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

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 *Sherwood Lawrence* REGISTERED AGENT MUST SIGN Date 6/13/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: *Sherwood Lawrence* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/13/97 Date 407 672 0299 Daytime Phone #

CR2E040 (12/96)