

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED

DOCUMENT # **P95000059624**

98 NOV 19 PM 2:48

1. Corporation Name
ATM CAPITAL CORPORATION

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 3001 EXECUTIVE DR #150 CLEARWATER FL 34622	Mailing Address 3001 EXECUTIVE DR #150 CLEARWATER FL 34622
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 15373 ROOSEVELT BLVD #203 CLEARWATER, FL 33760 USA	3. New Mailing Office Address, If Applicable 2840 W. BAY DR. #201 2840 W. BAY DR. #201 BELLEAIR BLUFFS 33770 USA
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4. Date Incorporated or Qualified To Do Business in Florida 08/01/1995	5. FEI Number 59-3328752	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	LAMB, DONALD	2840 WEST BAY CIRCLE DR., #261 DRIVE	BELLEAIR BLUFFS FL 33770
			400002694994 -- 7 -11/24/98-01025-018 ***550.00 ***550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAMB, DONALD
 19816-A GULF BLVD.
 INDIAN SHORES FL 34635

Name **DONALD LAMB**
 Street Address (P.O. Box Number is Not Acceptable)
2840 W. BAY DR. #201
 Suite, Apt. #, Etc.
#201
 City **BELLEAIR BLUFFS** State **FL** Zip Code **33770**

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]* **SIGNATURE REQUIRED** Date 11-16-98
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See instructions 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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E940 (9/98)

WZ



Capital Corporation

DATE: 11/16/98

TO: FLORIDA DEPARTMENT OF STATE

FROM: ATM CAPITAL CORPORATION
DON LAMB - PRESIDENT

Enclosed is a check for \$550.00 for the Annual Filing Fee, along with the application for reinstatement.

Per my conversation with Tyrone Smith X 6805, he stated upon receipt of the fee and application that this corporation would then be current.

The document that was sent back to us in July was never received, due to a change of address.

New Address:

Atm Capital Corporation
15373 Roosevelt Blvd #203
Clearwater, FL 33760

Thank you,

A handwritten signature in black ink, appearing to read 'Don Lamb'.

Don Lamb
President - Atm Capital Corporation