

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

96 OCT -2 PM 12: 59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074677

1. Corporation Name  
901 ATLANTIC, INC.

Principal Place of Business Mailing Address  
24-MARKET-PL PITTSBURGH PA 15222  
24-MARKET-PL PITTSBURGH PA 15222



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable c/o Nicholas Coffee Co. Suite, Apt. #, etc. 23 Market Place City & State Pittsburgh, Pa. Zip 15222 Country USA	3. New Mailing Office Address, If Applicable c/o Nicholas Coffee Co. Suite, Apt. #, etc. 23 Market Place City & State Pittsburgh, Pa. Zip 15222 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 09/25/1995	5. FEI Number 25-1778352 Applied For Not Applicable
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
D	NICHOLAS, NICHOLAS G	336 FOURTH AVE 8TH FL	PITTSBURGH PA 15222
D	PATRINOS, DEMETRIOS T	3191 INDUSTRIAL BLVD	BETHEL PARK PA 15102
			400001968354 -10/08/96--01155--018 ****225.00 ****225.00
			<i>[Signature]</i> 10/2/96

8. Name and Address of Current Registered Agent MOORE, W. RODGERS 4800 N FEDERAL HWY SUITE 210-A BOCA RATON FL 33431	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
9/16/96 Date  
412-391-7887 Daytime Phone #

CR2E040 (7/96)