

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

996000625521

1. Corporation Name

A. T. Home (s), Inc.

Principal Place of Business

Mailing Address SAME

8120 N. Pensacola Blvd.
Pensacola, FL 32534

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

2. New Principal Office Address, If Applicable

N/A

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/16/96

5. FEI Number

59-3367620

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SB 70

SB 70: A statement of the corporation's status as of the date of filing.

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
President	Cheryl D. Abram	7171 N. 9th Ave. Unit A-11	Pensacola, FL 32504
Treasurer	Garry F. Tate	8120 N. Pensacola Blvd.	Pensacola, FL 32534
Vice President			
Secretary			

8. Name and Address of Current Registered Agent

KIEVIT, KELLY + ODOM
Robert W. Kievit, President
15 W. Main St.
Pensacola, FL 32501

9. Name and Address of New Registered Agent

Name N/A
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 Robert W. Kievit, President
REGISTERED AGENT MUST SIGN

Date Oct 19, 1999

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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: Cheryl D. Abram CHERYL D. ABRAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/19/99 (850) 857-4111
Daytime Phone #

CR2001 (12/98)