

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

98 SEP 24 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055835

1. Corporation Name

ATLANTIC SITE DEVELOPMENT, INC.

Principal Place of Business

125 WEST MAIN ST
LEESBURG FL 34748

Mailing Address

125 WEST MAIN ST
LEESBURG FL 34748

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.
27620 CR 33
City & State
OKAHUMPKA, FL
Zip
34762
Country
LAKE

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.
PO Box 499
City & State
OKAHUMPKA, FL
Zip
34762
Country
LAKE

REINSTATEMENT 97-98

4. Date Incorporated or Qualified To Do Business in Florida

06/28/1996

5. FEI Number

59-3406354

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$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	LEVANDOSKI, BENARR M	125 WEST MAIN ST	LEESBURG FL 34748
		27620 CR 33	OKAHUMPKA FL 34762

7000002651777-4
-09/29/98--01071-0117
****900.00 ****900.00

8. Name and Address of Current Registered Agent

LEVANDOSKI, BENARR M
125 WEST MAIN ST
LEESBURG FL 34748

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
27620 CR 33
Suite, Apt. #, Etc.
City
OKAHUMPKA
State
FL
Zip Code
34762

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: *Benarr M. Levandoski*
REGISTERED AGENT MUST SIGN

Date: 9/22/98

11. This corporation owes or has paid 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: *Benarr M. Levandoski* 9/22/98 352-728-3131
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)