

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 17 PM 1:26

DOCUMENT # P97000019362

1. Corporation Name

AT Large Limited, Inc.

2. Principal Office Address

3011 NE 36th St.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Light house point

City & State

FIA

Zip  
33064

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3-13-97

5. FEI Number

65-0730995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SEAN P. SHEEHAN

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

3011 NE 36th St.

Suite, Apt. #, Etc.

10001297042

City

Light house point

State  
FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

SEAN P. SHEEHAN

REGISTERED AGENT MUST SIGN

Date Feb 19-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	SEAN P. SHEEHAN	3011 NE 36th St.	Light house point FIA

10. 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:

SEAN P. SHEEHAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 19-03 954-786-2866

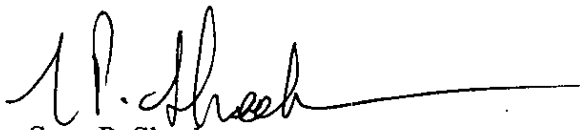
Daytime Phone #

CR2081 (10/02)

State of Florida  
Corporation Dept.

To whom it may concern: I the president of At Large limited Inc. Has been advised by the State that my reinstatement fee, has been partially waved due to the state mailing information to the wrong address. The agent has noted that my reinstatement fee would cost \$900.00 dollar's Please note that the address for the corporation is 3011 NE. 36<sup>th</sup> St. Lighthouse Point, Fla. 33064. Thank you for you attention in this matter.

We did not received annual reports 1998 through 2002.

A handwritten signature in black ink, appearing to read 'S. P. Sheehan', followed by a long horizontal line extending to the right.

Sean P. Sheehan  
President At Large Limited Inc.



# RESUBMIT

Please give original  
submission date as file date:

ACCOUNT NO. : 072100000032

REFERENCE : 933728 7368007

AUTHORIZATION :

*Patricia Pijut*

COST LIMIT : \$ 900.00

ORDER DATE : February 17, 2003

ORDER TIME : 11:53 AM

ORDER NO. : 933728-005

CUSTOMER NO: 7368007

CUSTOMER: Sean Sheehan  
Gulfstream Usa Motor Group,  
3rd Floor, Riverwalk Plaza  
333 N. New River Drive East  
Fort Lauderdale, FL 33301

RECEIVED  
03 FEB 20 PM 2:36  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## DOMESTIC FILINGS

NAME: AT LARGE LIMITED INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: SUSIE KNIGHT EX 1156

EXAMINER'S INITIALS \_\_\_\_\_