

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

02 FEB -6 PM 2:41

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000049387

1. Corporation Name
ATLANTIC ENTERTAINMENT, INC.

Principal Place of Business Mailing Address
200 North Thornton Ave 200 N. Thornton Ave.
Orlando FL 32801 Orlando FL 32801

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

2. New Principal Office Address. If Applicable
2905 West 45th St.
 Suite, Apt. #, etc.

3. New Mailing Office Address. If Applicable
2905 West 45th St.
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **6/4/97**

5. FEI Number **59-3484018**
 Applied For Not Applicable

City & State
West Palm Beach FL West Palm Beach FL
 Zip Country
33407 USA 33407 USA

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status.**

REINSTATEMENT *2000-2001*

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	James Veigle	401 E. Semoran Blvd	Casselberry FL 32707
VP/S/D	Charles H. Veigle Sr	401 E. Semoran Blvd.	Casselberry FL 32707

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 ***1058.75 ***1058.75

3. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Randall C. Smith, Esq
200 North Thornton Avenue
Orlando, FL 32801

Name
Randall C. Smith Esq
 Street Address (P.O. Box Number is Not Acceptable)
200 North Thornton Avenue
 Suite, Apt. #, Etc.
 City
Orlando State
FL Zip Code
32801

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]* Date **February 4, 2002**
 REGISTERED AGENT MUST SIGN

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 *[Signature]* **James Veigle, President 2/5/02** 407 767 2977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CORRECTING (1/98)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Atlantic Entertainment, Inc.

RECEIVED

02 FEB -6 AM 11:19

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: SL
Name _____ Date 2/6/02 Time 10:10

Walk-In _____ Will Pick Up _____