PLEASE READ	ALL INSTRUCTIO	NS BEFORE C	COMPLETING THIS FORM.	
APPLICATION ON	FLORIDA DEPART			
FORGO	Katherine Secretary		FILED	
REINSTATEMENT	DIVISION OF CO		_	
DOCUMENT # 197000081820			99 JUL 16 PH 2: 24	
1. Corporation Name ATISUB OF Florida, Inc.			SEGRETARY OF STATE TALLAHASSEE, FLORIDA	
			TALLAGALOEC, PLOMDA	
Principal Place of Business Mailing Address				
7400 Bayneadows WAY, Sute 300				
Sacksonville, FL 32250				
			REINSTATEMENT 98-99	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified	
Suite, Apt. #, etc.	Suite Apl #, etc		To Do Business in Florida 9-22-97	
City & State City & State		5. FEI Number Applied For		
			6 Not Applicable	
Zip Country	Zip Co	ountry	CERTIFICATE OF STATUS DESIRED S8.75 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)				
Title(s) Name of Officers and/or Directors	3 (Do NO	Street Address of Each Officer and/or Director OT Use Post Office Box N	City / State / Zin	
	7400	Baymendo	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
1825 William Saculla Sute 300			Sus Way Jackson alle, FL 32250	
1400 Brume			our Why Tackemulle, FL BOOK	
Sec Tramas Jastonan Sunte 300 July				
			——600002945926 4	
			-07/30/9901049014 ****900.00 ****900.00	
			44443011,00	
B. Name and Address of Current Registered Agent			Name and Address of New Registered Agent	
William Saculla, Street Address			O. Box Number is Not Acceptable)	
7400 Daymendows Way				
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Suite, Apt #, Etc.		
Sacksmorle, FL 32256			State Zip Code	
10. I, being appointed the registered agent of the abov	e named corporation, am famili	ar with and accept the ob		
Signature of Registered Agent Agent MUST SIGN Date Date Date				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PLANE OF SIGNING				