

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 4:44

DOCUMENT # P97000090470

1. Corporation Name

Atlanta Consulting Group International, Inc.

2. Principal Office Address

117 St. James Way

Suite, Apt. #, etc.

3. Mailing Office Address

800 ~~Franklin~~ Franklin Avenue West

Suite, Apt. #, etc.

City & State

Naples Florida

City & State

~~800~~ Mpls MN

Zip

34104

Country

USA

Zip

55408

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEIN Number

59-3477881

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

600003819466

2

Name

Spinos G. Zorbalos

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

~~800 Franklin Avenue West~~ 117 St. James Way

Suite, Apt. #, Etc.

City

~~Mpls~~ Naples

State
FL

Zip Code

34104

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

2/28/01

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

President Spinos Zorbalos 117 St. James Way Naples, FL 34104

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

612.870.8500

Daytime Phone #

CR2E081 (9/00)

20F2

February 21, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Administrative Dissolution

Dear Sir or Madam:

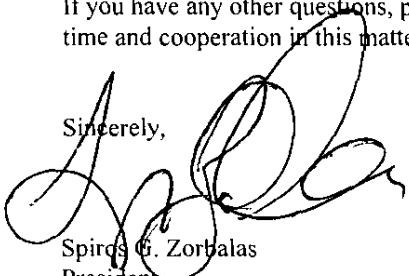
I recently discovered that your office had administratively dissolved my company on September 24, 2000. Upon explaining these facts to your office on February 21, 2001, I was instructed to submit my reinstatement form with a fee of \$450 to cover my Annual Report Fee both Years 1999, 2000 and 2001. I have included both of these items with this correspondence.

To further reduce the chances of this happening again, I would like you to change our mailing address to the following address:

Atlanta Consulting Group International, Inc.
Attn: Spiros G. Zorbalas
800 Franklin Avenue West
Minneapolis, MN 55405

If you have any other questions, please feel free to contact me toll-free at 612.377.1360. Thank you for time and cooperation in this matter.

Sincerely,



2/21/01

Spiros G. Zorbalas
President
Atlanta Consulting Group International, Inc.
117 St. James Way
Naples, FL 34104

cc: Reinstatement Application, \$450 fee