PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000038818

1. Corporation Name

ATR REALTY CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 400 5TH AVENUE SOUTH<br>SUITE 305<br>NAPLES FL 34102 | 400 5TH AVENUE SOUTH<br>SUITE 305<br>NAPLES FL 34102 |

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

REINSTATEMENT 02

| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | NAPLES, FL |
| Zip | Country | Zip 34102 | Country USA |

4. Date Incorporated or Qualified To Do Business in Florida: 04/29/1998

5. FEI Number: 59-3509684 — 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)

| Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---|---|---|---|
| P | ROBINSON, ALBERT T. | 3700 NELSONS WALK | NAPLES FL 34102 |
| ~~VP~~ | ~~ROBINSON, THOMAS H~~ | ~~480 SHORT LANE~~ | ~~NAPLES FL 34102~~ |
| | | | |
| | | | |
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| | | | |

100009315671
12/03/02--01042--014 **750.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| ROBINSON, THOMAS<br>400 5TH AVENUE SOUTH<br>SUITE 305<br>NAPLES FL 34102 | Name: ALBERT T. ROBINSON<br>Street Address (P.O. Box Number is Not Acceptable): 3700 NELSONS WALK<br>Suite, Apt. #, Etc.:<br>City: NAPLES — State: FL — Zip Code: 34102 |

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: Albert T. Robinson — Date: 11/25/02

REGISTERED AGENT MUST SIGN

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: Albert T. Robinson — 11/25/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone