PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
'00 DEC 13 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000054501

1. Corporation Name

Atlantic, Palm Beach, Inc

2. Principal Office Address	3. Mailing Office Address
6065 10th Ave N	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenacres FL	City & State
Zip: 33463 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/16/98

5. FEI Number: 36-2850384 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Park I. Butch

Street Address (P.O. Box Number is Not Acceptable): 6065 10th Ave N

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Suite, Apt. #, Etc.

City: Greenacres State: FL Zip Code: 33463

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: 11/27/00

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
CHRM	Edward F. Strait	6902 old Whiskey Creek Dr	Ft Meyers, FL 33919
Pres	Park I Butch	6065 10th Ave N	Greenacres, FL 33463

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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Park I Butch, Pres.

11/27/00 561-649-2220
Date Daytime Phone #