

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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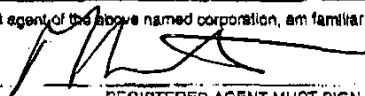
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000054501			
1. Corporation Name Atlantic, Palm Beach, Inc			
2. Principal Office Address 6065 10th Ave N		3. Mailing Office Address same	
Suits, Apt. #, etc.		Suits, 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	
Suits, 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


Date

11/27/00

REGISTERED AGENT MUST SIGN

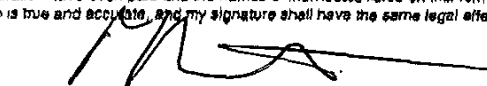
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CHAIRMAN	Edward F. Street	6902 Old Whiskey Creek Dr	Fort Myers, FL 33919
PRES	Park I. Butch	6065 10 th 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 taxes 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)(f), 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
Park I. Butch, Pres.
11/27/00
 Date

561-649-2220
 Daytime Phone