

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT -5 AM 10:52

DOCUMENT # **998000055008**

1. Corporation Name

ATM Online Banking, Inc.

2. Principal Office Address

120 Willing St.

3. Mailing Office Address

120 Willing St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State

Milton, FL

City & State

Milton, FL

Zip

32570

Country

Santa Rosa

Zip

32570

Country

Santa Rosa

4. Date Incorporated or Qualified To Do Business in Florida

06/18/1998

5. FEI Number

59-3522284

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 00

7. Name and Address of Current Registered Agent

Name

Alan R. Campbell

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

120 Willing St.

Suite, Apt. #, Etc.

City

Milton

State

FL

Zip Code

32570

000003427530--5
-10/17/00--01048--027
***750.00 ***750.00

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 **10-3-00**

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
CEO	Don Hunsicker	7362 Bain St.	Milton, FL 32583
Pres.	Alan R. Campbell	120 Willing St.	Milton, FL 32570

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

10-3-00

Date

(850) 626-1040

Daytime Phone #

CR2E081 (9/99)