

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

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DOCUMENT # **P 98000088849**

1. Corporation Name

ATLAS FINANCIAL INCORPORATED

2. Principal Office Address

4280 BEECH CIRCLE

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

US

3. Mailing Office Address

4280 BEECH CIRCLE

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33406

Country

US

REINSTATEMENT

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**4. Date Incorporated or Qualified
To Do Business in Florida**

10/19/98

5. FEI Number

650571583

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

Name

Robert Ready

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

4280 BEECH CIRCLE

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33406

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 **11-15-2000**

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
Pres DIR	Robert Ready	4280 Beech Circle	West Palm Beach, FL 33406

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

Robert Ready

Date

2-15-200

Daytime Phone #

(561) 649-1900

CR2E081 (9/99)