PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
00 DEC 13 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of [redacted]
DIVISION OF CORPORATIONS

DOCUMENT # P98000100435

1. Corporation Name

ATlantic Stuart, 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: 11/25/98

5. FEI Number: 52-2143367 ☐ 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

REINSTATEMENT 99-00 TS

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. Streit | 6902 Old Whistling Cake 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, President

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