

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

142

**CORPORATION  
REINSTATEMENT**



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

200003499682-5

FILED

00 NOV 28 PM 12: 21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 999000015723

1. Corporation Name

Atlantic Southeast Group FNO

2. Principal Office Address

2204 Kettle dn

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Zip

32835

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

2/17/99

5. FEI Number 999 0000 15723

59-3543881

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bradley G. Burt

200003499682-5

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

2204 Kettle dn.

12/13/00-01065-008

\*\*\*150.00 \*\*\* 50.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32835

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

*Bradley G. Burt* President

Date 11-20-00

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
Pres	Bradley G. BURT	2204 Kettle dn	Orlando FL 32835

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

*Bradley G. Burt* Pres

Date

11-20-00

Daytime Phone #

407-296-2700

CR2E081 (9/99)

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ATLANTIC SOUTHERN GROUP  
2204 KETTLE DRIVE  
ORLANDO FL 32835

Request taken by: keckel  
11-16-2000

The forms you recently requested from this office are:

- (1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Via. Christer (850-487-6059)  
 Enclosure a Reinstatement Fee 150 - (enclosed) 2000  
 Because of New Address didn't receive notice  
 she will waive all fees except the enclosed (11-16/00)  
 B. Bunt  
 President

