

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

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

FILED

02 JUN 25 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

A1A SURFSIDE PRINTING & BLUEPRINTS, INC
899000017406

800006073198--3

-06/27/02--01056--029
****450.00 ****450.00

2. Principal Office Address

1250 BEACH BLVD.

3. Mailing Office Address

1250 BEACH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH

Zip

32250

Country

USA

Zip

32250

Country

USA

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

2/19/99

5. FEI Number

52-2156827

Applied for

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

REASA PABST

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

1194 Ponte Vedra Blvd.

Suite, Apt. #, Etc.

City

Ponte Vedra Beach

State Zip Code

FL

32082

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

Reasa E Pabst

Date 6-24-02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / Street / Zip
P	Reasa Pabst	1194 Ponte Vedra Blvd.	Ponte Vedra Beach FL 32082

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:

Reasa E Pabst

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-02

Date

904-246-9162

Daytime Phone #

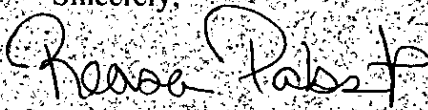
June 24, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a completed corporation reinstatement form for AIA Surfside Printing & Blueprints, Inc. and our check number 3576 in the amount of \$450.00 for the yearly fees. I would like to request an abatement of the reinstatement fee. The principal and mailing addresses listed of 228 6th Avenue South, Jacksonville Beach are incorrect. When I started my business, I originally planned to lease the space at this address and apply for rezoning with the city. However, the address in question could not be rezoned for a printing company. Therefore, the correct address at this time is 1250 Beach Boulevard, Jacksonville Beach, FL 32250. I thought that I filed an address change with the state at that time but I have never received any annual report forms from the state at either this address or at the address of the registered agent, 1194 Ponte Vedra Blvd., Ponte Vedra Beach, FL 32082.

Please review the enclosed forms and information and let me know if there is anything else I need to do. Thank you for your help.

Sincerely,



Reasa Pabst
President

Enclosures

