

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -2 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000039416

1. Corporation Name

ATLANTIC BILLIARDS, INC.

2. Principal Office Address

11150 OKEECHOBEE BLVD.

3. Mailing Office Address

7425 TRECOTT DRIVE

Suite, Apt. #, etc.

M

Suite, Apt. #, etc.

City & State

ROYAL PALM BEACH, FL

City & State

LAKE WORTH, FLORIDA

Zip

33411

Country

USA

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/99

5. FEI Number

65-0917904

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 01-02

7. Name and Address of Current Registered Agent

Name

WILLIAM C. WALKER

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

11150 OKEECHOBEE BLVD.

Suite, Apt. #, Etc.

M

City

ROYAL PALM BEACH,

State

FL

Zip Code

33411

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****900.00 ****900.00

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

Date 7/3/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WILLIAM C. WALKER	11150 OKEECHOBEE BLVD. STE M	ROYAL PALM BEACH, FL 33411

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

7/3/02

Date

772-223-6700

Daytime Phone #