

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 18 AM 11:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000072819**

1. Corporation Name
ATLANTIC SALES & LEASING, INC.

Principal Place of Business 825 B. LENORA STREET DAYTONA BEACH FL 32114	Mailing Address 825 B. LENORA STREET DAYTONA BEACH FL 32114
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida	08/16/1999	SP
5. FEI Number	59-3594632	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	WOOD, TODD S	825 B. LENORA STREET	DAYTONA BEACH FL 32114

500003514705--2
 -12/27/00--01074--010
 ***750.00 ***750.00

8. Name and Address of Current Registered Agent FLORIDA STATE ACCOUNTING, INC. 533 N. NOVA ROAD SUITE 115 ORMOND BEACH FL 32174-4421	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** Date: 12/14/00
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED** Date: 10-21-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 904-253-4111

CR2E040 (8/00)