

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB -3 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 00-04

DOCUMENT # 999-000096378

1. Corporation Name

ATM LOAN, INC

2. Principal Office Address

16211 18 AVE. E.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

BRADENTON, FL.

City & State

Zip 34212

Country USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651812280

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STANLEY LAPHAM

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

16211 18 AVENUE EAST

Suite, Apt. #, Etc.

City

BRADENTON,

State
FL

Zip Code

34212

900027547389
01725/04 01020 025 # 758.75

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

Stanley Lapham
REGISTERED AGENT MUST SIGN

Date

1-16-04

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
<u>P/V/D C/S</u>	<u>STANLEY LAPHAM</u>	<u>16211 18 AVE. E.</u>	<u>BRADENTON, FL. 34212</u>

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:

STANLEY LAPHAM
Stanley Lapham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-16-04

Daytime Phone #

941-750-8015

CR2001 (10/02)

1-16-2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Reference to this Corporation: ATMLOAN, INC., Document number is P99000096378
Filed on February 21, 2000.

I did not receive a annual report form for the year 2000. Enclosed are funds of \$750.00 for
re-instatement.

Sincerely,

A handwritten signature in black ink, appearing to read "Stanley Lapham", written over a horizontal line.

Stanley Lapham
ATMLOAN