## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

**DIVISION OF CORPORATIONS** 

**DOCUMENT #** 

S61067

1. Corporation Name

ATK INVESTMENTS, INC.

Principal Place of Business

100 PIERCE BOULEVARD UNIT #108

Mailing Address

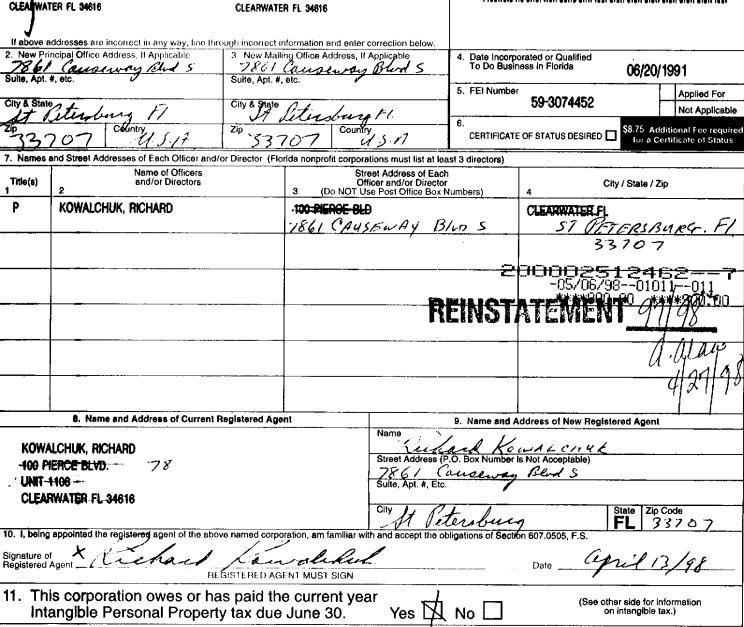
100 PIERCE BOULEVARD

**UNIT 1106** 



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SECRETARY OF STATE TALLAHASSEE, FLORE



12. 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 filling 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR