


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000002874 1. Entity Name ATLANTIC FASTENERS AND SUPPLY CO., INC.	
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Principal Place of Business 4200 CHURCH ST. #1060 SANFORD, FL 32771	Mailing Address 4200 CHURCH ST. #1060 SANFORD, FL 32771
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 52-1634675	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: National Corporate Research - LTD. Inc 4/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CP FERRI, JOSEPH	<input checked="" type="checkbox"/> Delete	TITLE	CP ferri, Joseph 4200 Church St #1060 Sanford, FL 32771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1644 TIMOCUAN WAY		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32750		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Joseph Ferreri Pres. 4/13/06 (407) 324-2727
Signature and typed or printed name of signing officer or director Date Daytime Phone #

08 APR 20 09 1:11
 SECRETARY
 TALLAHASSEE



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