

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 12 PM 12:49

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DOCUMENT # P03000091075

1. Corporation Name

ATLANTIC HOME SERVICE INC

2. Principal Office Address

12208 75th LANE NORTH

Suite, Apt. #, etc.

3. Mailing Office Address

12208 75th LANE NORTH

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FLORIDA

City & State

WEST PALM BEACH, FL

Zip

33412

Country

USA

Zip

33412

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/2003

5. FEI Number

20-0206049

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

CARLOS O. SANDOVAL

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

12208 75th LANE No.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

100054861201

05/19/05 01057 002 **\$100.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Date

3/25/2005

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
PRES	CARLOS O. SANDOVAL	12208 75th LANE No.	WEST PALM BEACH, FL. 33412

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 807 or 817, 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 807.0401 or 817.0401, 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)(f), 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:

CARLOS O. SANDOVAL

3/25/2005

(561) 389-5624

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

ATLANTIC HOME SERVICES, INC.

12208 75TH. Lane North
West Palm Beach, Florida 33412

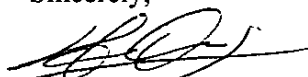
May 10, 2005.

To Whom It May Concern:
Florida Department of State
Division of Corporation

This letter is to request that my corporation be reinstated, as it was not renewed this past year. We moved to another county in Florida and our mail was never forwarded from the business park in which we were operating out of. When I was informed that it was not active, I contacted my accountant who indicated me that we should have received a notice for filling in the mail, which we never did. Please contact me if you have any further questions, I will be more than glad to help.

Thank you for your attention to this matter,

Sincerely,



Carlos Sandoval
Per Atlantic Home Services, Inc.