PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. ATX1

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
12208 75th LANE North	12208 75th LANE North
Suite, Apt. #, etc.	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

100054861201
05/19/05 01057 002 **200.00

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

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: _____ 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 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: _____ CARLOS O. SANDOVAL 3/25/2005 (561) 389-5824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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.