

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000115010

**FILED**  
**Oct 28, 2007**  
**Secretary of State**

**Entity Name:** ATLANTIC REINSURANCE CORP

**Current Principal Place of Business:**

1602 ALTON RD., #88  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1602 ALTON RD., #88  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIOVANNI, BELOSSI  
1602 ALTON RD., #88  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GIOVANNI BELOSSI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: GIOVANNI, BELOSSI  
Address: 1602 ALTON SUITE 88  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: V                      ( ) Delete  
Name: QUATRIDA, LUCIANO  
Address: 1602 ALTON RD., #88  
City-St-Zip: MIAMI BEACH, FL 33139 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P                      (X) Change ( ) Addition  
Name: SCARINGI, VINCENZO  
Address: 1602 ALTON SUITE 88  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: V                      (X) Change ( ) Addition  
Name: MARCELLO, DE PICEIS POLV  
Address: 1602 ALTON RD., #88  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCARINGI VINCENZO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

10/28/2007

\_\_\_\_\_  
Date