

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 15 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **238205**

1. Corporation Name

Atlantic Lumber Co. Inc

2. Principal Office Address

5213 SW 91st Dr

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32608

Country

USA

3. Mailing Office Address

5213 SW 91st Dr

Suite, Apt. #, etc.

City & State

Gainesville, FL

Zip

32608

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-0901202

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

Paul W. Dickert

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

5213 SW 91st Dr

Suite, Apt. #, Etc.

City

Gainesville

State
FL

Zip Code

32608

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

REGISTERED AGENT MUST SIGN

Date **01/29/01**

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
P	Paul W. Dickert	5213 SW 91st Dr	Gainesville, FL 32608
VP	Mark R. Dickert	5213 SW 91st Dr	Gainesville, FL 32608

LS

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:

Paul W. Dickert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/29/01** (352) 333-3095

Daytime Phone #

CR2E081 (9/99)

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Atlantic Lumber Company, Inc.



5213 SW 91st Drive ♦ Gainesville, Florida 32608
Fax 352-333-3097 ♦ Email Pearlceo@aol.com

December 26, 2000

Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Revocation of Administrative Dissolution 59-0901202

Dear Sir or Madame

On September 22, 2000 the State of Florida filed for Administrative Dissolution for failure to submit an annual report. The purpose of this letter is to request a revocation of the dissolution by paying the \$165.00 annual filing fee and the \$35.00 revocation of dissolution fee.

The mailing address of the company has changed to the address on this letterhead. The address of the registered agent has also changed to 5213 SW 91st Drive, Gainesville, Florida 32608.

If you have any questions you can reach me at (352) 333-3095,

Sincerely,

Paul W. Dickert, President

enclosure(s): 2