

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 NOV 12 AM 11:18

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT #

583056

Atlantic Maintenance of Miami Inc.
8505 N.W. 74 Street
Miami, Florida 33166

2. If Address in Block 1 is incorrect in any way enter the correct address below:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida
08/22/1978

5. FEI Number
59-1866239

FEI Number Applied For

FEI Number Not Applicable

\$8.75 Additional Fee required
for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Gary McAlpin	8505 N.W. 74 Street	Miami, Florida 33166
D/T/S	Brad Hacker	8505 N.W. 74 Street	Miami, Florida 33166

900002685669--1

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Karen B. Rozar

Karen B. Rozar, Asst. Sec.

Corporation Service Company

Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Brad Hacker

Date

11/11/98

Daytime Phone #

305/597-0243

Typed or printed name of signing officer or director

Brad Hacker, Secretary



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ACCOUNT NO. : 072100000032
REFERENCE : 029556 4303929
AUTHORIZATION : *Patricia Pizich*
COST LIMIT : \$ 750.00

ORDER DATE : November 12, 1998
ORDER TIME : 9:49 AM
ORDER NO. : 029556-005
CUSTOMER NO: 4303929
CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig
1221 Brickell Avenue
20th Floor
Miami, FL 33131

DOMESTIC FILINGS

RECEIVED
98 NOV 12 AM 10:38
DIVISION OF CORPORATION

NAME: ATLANTIC MAINTENANCE OF
MIAMI INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX (2) PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____