

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 17 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745092

1. Corporation Name

ATLANTIC TERRACE WEST CONDOMINIUM AS

2. Principal Office Address - No P.O. Box #

3220 NORTH EAST 10TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

3. Mailing Office Address

3220 NORTH EAST 10TH STREET

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33062

Country

USA

400145989874
03/17/09--01008--009 **358.75

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1978

5. FEI Number
59-1932063

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
COLLEEN QUINN

Street Address (P.O. Box Number is Not Acceptable)
3220 NORTH EAST 10TH STREET

Suite, Apt. #, Etc.

City
POMPANO BEACH

State
FL

Zip Code
33062

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Colleen Quinn

REGISTERED AGENT MUST SIGN

Date 3-11-09

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
DP	MARY RENDINA	3220 NE 10TH STREET	POMPANO BEACH, FL 33062
DV	BONNIE KIEFFER	66 CARMINE DR	WAPPINGER FALLS, NY 12590
ST	CLARE ONORATO	53 MAIN STREET, #101	WAREHAM, MA 02571
D	KLAUS RIEKEN	3220 NE 10TH STREET	POMPANO BEACH, FL 33062
D	JOSEPH RENDINA	1576 HOLLYWOOD DR	MONROE, MI 48162

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 contained in Chapter 119, 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:

Clare Onorato CLARE ONORATO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/09
Date

508.654-2578
Daytime Phone #