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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
00 DEC 26 PM 4:54

DOCUMENT # F96000000607

1. Corporation Name

Atlantic Tower Construction
Corporation

2. Principal Office Address

10737 N. Knolls Ct.

3. Mailing Office Address

10737 N. Knolls Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Prescott, AZ

City & State

Prescott, AZ

Zip

86314

Country

USA

Zip

86314

Country

USA

REINSTATEMENT 00-

4. Date Incorporated or Qualified
To Do Business in Florida

2-5-96

5. FEI Number

52-1668299

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

GLEN A. STANKEE

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

200 E. BROWARD BLVD.

Suite, Apt. #, Etc.

Suite 1500

City

Ft. LAUDERDALE

State
FL

Zip Code

33301

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

Glen A. Stankee

SIGN

Date 12-20-00

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
D, P.S.	OWEN P. MILLS	10737 N. Knolls Ct.	Prescott, AZ 86314

AD

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:

Owen P. Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWEN P. MILLS PRESIDENT

12-20-00

Date

(954)

761-2907

Daytime Phone #

Division of Corporations

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Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 922-4004

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

Account Number : 076077000521

Phone : (954) 527-2428

Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

ATLANTIC TOWER CONSTRUCTION CORPORATION

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75

4758.75
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