

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 MAY -8 PM 2:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

FA8000001220

ATLANTIC SCAFFOLDING COMPANY

Principal Place of Business

Mailing Address

5220 PENNINGTON AVE

BALTIMORE MD 21226

If above addresses are incorrect in any way line through incorrect information and enter correction below.

REINSTATEMENT

PP-60

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

52-1184244

Not Applicable

Zip

Country

Zip

Country

6. 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
PRES	PETER P. VRETTAKOS	5220 PENNINGTON AVE	BALTO, MD 21226
SEC	RICHARD B. POTOTSKY	5220 PENNINGTON AVE	BALTO, MD 21226

300003258883--6  
-05/19/00--01103--038  
\*\*\*308.75 \*\*\*308.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 South Pine Island Rd.  
Plantation, FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

Date

5/5/00

REGISTERED AGENT MUST SIGN

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

RICHARD B. POTOTSKY

5/5/00

910-276-6130

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #