

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F99000004080

1. Corporation Name

ATLANTIC RESOURCES I, INC.

Principal Place of Business

Mailing Address

485-A ROUTE 1 SOUTH, SUITE 310
ISELIN NJ 08830

485-A ROUTE 1 SOUTH, SUITE 310
ISELIN NJ 08830

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/09/1999

5. FEI Number

22-3324699

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PC	GREBOW, RALPH H	485-A ROUTE 1 SOUTH, SUITE 310	ISELIN NJ 08830

8000003515278-6
-12/28/00--01019--014
****750.00 ****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ICARD, MERRILL, CULLIS, TIMM, FURIN ET AL
ATTN: J. GEOFFREY PFLUGNER
2033 MAIN STREET SUITE 101
SARASOTA FL 34237

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

Date 12/18/00

REGISTERED AGENT MUST SIGN

11. 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:

Handwritten signature of Ralph H. Grebow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

managing member

11/6/2000 - 772 - 605 - 0555
Date Daytime Phone #