

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # J05040

1. Corporation Name

ATLANTIS DEVELOPMENT CO., INC.

Principal Place of Business

2820A US1 SO.
ST. AUGUSTINE FL 32086
US

Mailing Address

~~2820A US1 SO.
7 AVISTA CIRCLE
ST. AUGUSTINE FL 32086
US~~

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

~~2820A US1 SO.~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

~~ST. AUGUSTINE FL~~

Zip

Country

Zip

Country

~~32086 ST. JOHNS~~

REINSTATEMENT 98

4. Date Incorporated or Qualified To Do Business in Florida

03/17/1986

5. FEI Number

59-2617919

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	KIDD, WEYMAN L., JR.	1007 WINTER HAWK	ST AUGUSTINE FL, 32086
D	COSTEIRA, JAMES	3625 LONE WOLF TRAIL 4412 GOLF RIDGE DR	ST AUGUSTINE FL ELKTON, FL. 32033
DV	COSTEIRA, ALICE	3625 LONE WOLF TR. 4412 GOLF RIDGE DR	ST AUGUSTINE FL ELKTON, FL. 32033

8. Name and Address of Current Registered Agent

COSTEIRA, JAMES
2820A US1 SOUTH
ST AUGUSTINE FL 32086

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

James H. Costeira
REGISTERED AGENT MUST SIGN

Date

Dec 3, 1998

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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:

James H. Costeira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/98 (904) 797-6000

CR2E040 (6/98)