

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J19064**

1. Corporation Name

ATLANTIC MARKETING REALTY, INC.

FILED

03 JAN -7 PM 3: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8669 COMMODITY CIRCLE
STE 300
ORLANDO FL 33309
US

Mailing Address

8669 COMMODITY CIRCLE
STE 300
ORLANDO FL 33309
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1986

5. FEI Number

59-2684385

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
VPD	BERK, JAMES G	8669 COMMODITY CIRCLE	ORLANDO FL 32819
PCEO	HANNING, FRANZ	8669 COMMODITY CIRCLE	ORLANDO FL 32819
VPSD	DUMENY, MARCEL J	8669 COMMODITY CIRCLE	ORLANDO FL 32819
VPD	HOWETH, ROBERT W	8669 COMMODITY CR	ORLANDO FL 32819
AS	BENNETT, WILLIAM J	8669 COMMODITY CIRCLE	ORLANDO FL 33309
AS VP	WALTON, ANNA Joseph Huber	8669 COMMODITY CR 1 Campus Dr	ORLANDO FL 32819 Parsippany, NJ 07054

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/6/03

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:

Signature
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/02
Date

Daytime Phone #

CR2ED40 (8/02)



ACCOUNT NO. : 072100000032

REFERENCE : 881196 7155110

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 750.00

ORDER DATE : January 6, 2003

ORDER TIME : 10:27 AM

ORDER NO. : 881196-015

CUSTOMER NO: 7155110

CUSTOMER: Patricia Meudt, Legal Asst
Cendant Corporation
1 Campus Drive

Parsippany, NJ 07054

DOMESTIC FILINGS

NAME: ATLANTIC MARKETING REALTY,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons 521-0821 EXT 1139.

EXAMINER'S INITIALS _____

RECEIVED
03 JAN -7 AM 11:52
DIVISION OF CORPORATION