

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 28 AM 11:01

CLERK OF STATE
TALLAHASSEE, FLORIDA

900110064849
09/28/07--01060--015 **3061.25

DOCUMENT # M65862

1. Corporation Name

ATLANTIC COAST CAPITAL CORPORATION

2. Principal Office Address - No P.O. Box #
6574 N. STATE ROAD 7

3. Mailing Office Address
6574 N. STATE ROAD 7

Suite, Apt. #, etc.
#327

Suite, Apt. #, etc.
#327

City & State
COCOUNT CREEK, FL

City & State
COCOUNT CREEK, FL

Zip
33073

Country
usa

Zip
33073

Country
usa

REINSTATEMENT 91-07
CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **07/19/2005**

5. FEI Number
20-3170870

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
Thomas Nardone

Street Address (P.O. Box Number is Not Acceptable)
6574 N. STATE ROAD 7

Suite, Apt. #, Etc.
#327

City
COCOUNT CREEK

State
FL

Zip Code
33073

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **9/27/07**

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
P	Dominic Nardone	6574 N. STATE ROAD 7 #327	COCOUNT CREEK, FL 33073
VP	Thomas Nardone	6574 N. STATE ROAD 7 #327	COCOUNT CREEK, FL 33073

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/07

Date

Daytime Phone #