


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
05 OCT -7 AM 8:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043152  
1. Corporation Name  
ATLANTIC WATERPROOFING & RESTORATION, INC.

2. Principal Office Address 1500 S. DIXIE HIGHWAY Suite, Apt. #, etc.		3. Mailing Office Address 1500 S. DIXIE HIGHWAY Suite, Apt. #, etc.	
City & State POMPANO BEACH, FL		City & State POMPANO BEACH, FL	
Zip 33060	Country BROWARD	Zip 33060	Country BROWARD

REINSTATEMENT 01-05

4. Date Incorporated or Qualified To Do Business in Florida 04/28/00	
5. FEI Number 59-3649372	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
JOE Z. BUTLER

Street Address (P.O. Box Number is Not Acceptable)  
1500 S. DIXIE HIGHWAY

Suite, Apt. #, Etc.

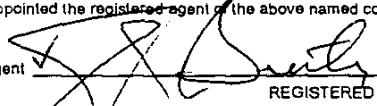
City  
POMPANO BEACH

State  
FL

Zip Code  
33060

100060352071  
10/07/05--01040--003 \*\*750.00

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  Date 10/29/05

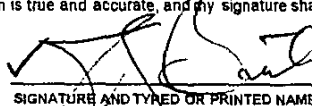
REGISTERED AGENT MUST SIGN

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	JOE Z. BUTLER	1500 S DIXIE HIGHWAY	POMPANO BEACH, FL 33060

*Joe 10/11*

10. 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)(f), 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:  PRESIDENT Date 10/29/05 954-943-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (0-1005)

ATLANTIC WATERPROOFING & RESTORATION, INC.  
1500 S. DIXIE HIGHWAY  
POMPANO BEACH, FL 33060

June 21, 2005

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Document Number P00000043152

Dear Sirs:

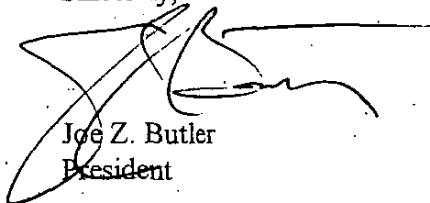
We have just learned our Company was administratively dissolved September 21, 2001. We did not receive notification for filing the Corporate Annual Report for 2001.

We are requesting abatement of the reinstatement fees because we did not receive the 2001 Corporate Annual Report form. We are enclosing a check in the amount of \$750 in payment of the annual fees for the years 2001-2005.

\$758.00 *JB*

Thank you for your consideration.

Sincerely,



Joe Z. Butler  
President

Enclosures