


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 17 AM 11:31

DOCUMENT # **P00000097691**

1. Corporation Name

ATLANTIC MARINE LIFE CORP.

Principal Place of Business

Mailing Address

8201-C NW 74TH AVENUE
MEDLEY FL 33166

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MEDLEY FL 33166

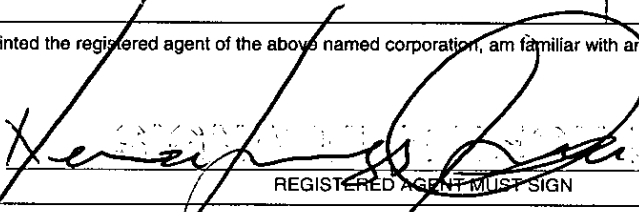


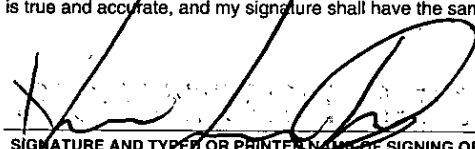
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/16/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 051050886	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	ALVARENGA-FREIRE, ALEXANDRE	2185 NE 123RD STREET, #210	NORTH MIAMI BEACH FL 33181
			300004658223--2
			-10/30/01--01005--016
			****150.00 ****150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALVARENGA-FREIRE, ALEXANDRE 2185 NE 123RD STREET #210 NORTH MIAMI BEACH FL 33181		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  REGISTERED AGENT MUST SIGN	Date 00510/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Alexandre A. Freire 10/10/01 3052163346 Date Daytime Phone #

CR2E040 (8/01)

Atlantic Marine Life
Tel: (305)805-3327
Fax: (305)805-0433
email:atlanticmlfish@aol.com

October 11, 2001

Department of State
Division of Corporations

Re: Atlantic Marine Life, Corp., document #P00000097691

Dear Sir or Madam:

Enclosed is our application for reinstatement as well as a check for the amount of \$150.00. I received a Certificate of Dissolution and I was not aware as to why so I called in today and I was advised that the Annual Report was not filed. I advised the representative that I never received any Annual Report Application. She advised me to write this letter and send it in with my check and Application.

Thank you,


Alexandre A. Freire