

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000099986

1. Corporation Name

ALANTIC COAST FLORIDA ENTERPRISES
INC.

2. Principal Office Address

60 Westover Dr.

Suite, Apt. #, etc.

City & State

West Melbourne Fl.

Zip 32904

Country
U.S.A.

3. Mailing Office Address

4312 Gamwell Dr.

Suite, Apt. #, etc.

City & State

Melbourne Florida

Zip

32935

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/2000

5. FEI Number

59-375-3678

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

John R. Fontaine

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

4312 Gamwell Dr.

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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

John R. Fontaine

Date 11-6-2001

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
President	John R. Fontaine	4312 Gamwell Dr.	Melbourne/ Florida/ 32935
Secretary	Tonya Hales	4312 Gamwell Dr.	Melbourne/ Florida/ 32935
V.P.	David Fontaine	P.O. Box 546	Palmetto/ Florida/ 33561

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 118.07(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

John R. Fontaine 11-6-2001 3216177338

Date

Daytime Phone #

FILED

01 NOV 13 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR210001 18/0001

Atlantic Coast Florida Enterprises INC.

60 Westover
West Melbourne
Florida 32904

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Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee Fl. 32314

Dear Division of Corporations:

I would like to thank you for the opportunity to reinstate this corporation. I was not aware that the corporation was being Administratively Disillusioned. I have not actually used the corporation yet and have just now become able to get it going. I have received no correspondence or any communication that indicated I needed to act in order to prevent this action. I will however in the future keep up with the responsibilities of the corporation to prevent this occurrence in the future.

I respectfully request that you waive the \$600 reinstatement Fee.

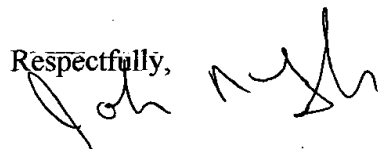
Enclosed is a check for \$158.75. This is to cover the Annual Report fee, Corporate Supplemental fee and for one certificate of status.

Please send all correspondence to:

John R. Fontaine
4312 Gamwell Dr.
Melbourne Fl. 32935

Or Call: 321-617-7338

Respectfully,


John R. Fontaine
President
Atlantic Coast Florida Enterprises INC.
tmh/JRF

