

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

FILED

02 NOV 22 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000014907

1. Corporation Name

ATLANTIC SHIPPING AND CONSULTANTS, INC.

Principal Place of Business

1213 TANGELO ISLE
FT. LAUDERDALE FL 33315

Mailing Address

1213 TANGELO ISLE
FT. LAUDERDALE FL 33315

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

02/08/2001

5. FEI Number

65-1074230

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)

Title(s)
1

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

SOPKIW, PAMELA K

1213 TANGELO ISLE

FT. LAUDERDALE FL 33315

200009166902
11/22/02 01035 011 **150.00

8. Name and Address of Current Registered Agent

SOPKIW, PAMELA K
1213 TANGELO ISLE
FT. LAUDERDALE FL 33315

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/15/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/02

Date

9545250264
Daytime Phone #

CR2E040 (8/02)

ATLANTIC SHIPPING AND CONSULTANTS, INC.
1213 TANGELO ISLE
FORT LAUDERDALE, FLORIDA 33315

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida
32314-6327

November 15, 2002

Dear Sirs/Madam:

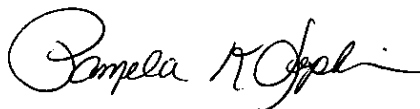
My Florida Corporation, Atlantic Shipping and Consultants, Inc., did not receive prior uniform business report (UBR) notice, and has just received this corporation reinstatement form.

The purpose of this letter is two fold. First, to keep Atlantic Shipping and Consultants, Inc. a viable, legal, and active Florida corporation. Secondly, to request that the reinstatement fee be waived due to the non receipt of the original notices.

Enclosed please find a check in the amount of \$150.00 as fee to file the report without penalty. Additionally, please find one completed Application for Reinstatement, as per the directions.

Thank-you for your help and attention to this matter. I can be reached daily at (954) 525-0264, should any questions arise.

Sincerely,



Pamela K. Sopkiw, Director
Atlantic Shipping and Consultants, Inc.