

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016973

1. Corporation Name

ATLANTIC GOLD, INC.

Principal Place of Business

115 MOSS BLUFF ROAD
KISSIMMEE FL 34746

Mailing Address

115 MOSS BLUFF ROAD
KISSIMMEE FL 34746

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

02/14/2001

5. FEI Number

59-3481251

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BENJAMIN, JULIA A	115 MOSS BLUFF ROAD	KISSIMMEE FL 34746

000008626230
10/28/02 01087 007 **150.00

8. Name and Address of Current Registered Agent

BENJAMIN, JULIA A
115 MOSS BLUFF ROAD
KISSIMMEE FL 34746

9. Name and Address of New Registered Agent

Name

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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.

Julia Benjamin
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

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.

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

10-23-02

Date

Daytime Phone #

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Atlantic Gold, Inc
115 Moss Bluff Road
Kissimmee, Florida 34746
Tel: 407 709 5552 or 407 709 5550
Fax: 407 465 1229 Email: jbvillas@aol.com

Mr. Jim Smith
Secretary of State
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

22nd October 2002

Dear Mr. Smith

We apologize that you found it necessary to send us this notice. We are still using our corporation and would very much like to continue doing so. We understand from a friend, that in order to have reached this situation, your department would have sent us several prior notices. To be honest, this is the first we've seen. We have now instructed our accountant to prepare all of the necessary reports and have them submitted with the utmost of urgency. Until this takes places, would you kindly considered re-activating our corporation with a penalty of \$150.00, which I have enclosed. Your attention in this matter would be greatly appreciated.

Yours Sincerely



Michael and Julia Benjamin