

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 25 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000051781

1. Corporation Name
ATLANTIC MOTOR FREIGHT, INC.

800058961648

08/25/05--01022--004 **1050.00

REINSTATEMENT 03-05

2. Principal Office Address

1431 SW 12 AVE

Suite, Apt. #, etc.

C

City & State

POMPANO BEACH, FL

Zip

33069

Country

3. Mailing Office Address

1431 SW 12 AVE

Suite, Apt. #, etc.

C

City & State

POMPANO Bch, FL

Zip

33069

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5-18-2001

5. FEI Number

65-1107710

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

DANIEL SAMSENAK

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

116 S RIVERSIDE DR.

Suite, Apt. #, Etc.

105

City

POMPANO BEACH

State

FL

Zip Code

33062

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

8-8-05

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	DANIEL SAMSENAK	116 S RIVERSIDE DR	POMPANO Bch, FL 33062

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)(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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-8-05

Daytime Phone #

954

678-7369

CR2E081 (01/05)