

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

PO1000087133

1. Corporation Name

ATLANTIC BLUE DESIGNS, INC.

60 HIBISCUS LANE  
NAPLES, FL 34114

2. Principal Office Address  
60 HIBISCUS LANE

Suite, Apt. #, etc.

City & State  
NAPLES, FL

Zip  
34114

Country  
U.S.A.

3. Mailing Office Address

60 Hibiscus Lane

Suite, Apt. #, etc.

City & State  
NAPLES, FL

Zip  
34114

Country  
U.S.A.

**REINSTATEMENT 02-04**  
Fl. Doc # PO1000087133

4. Date Incorporated or Qualified  
To Do Business in Florida 8/31/2001

5. FEI Number  
59-3740647

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  
AMMERITA, ANDREW

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

Suite, Apt. #, Etc.

City  
NAPLES

State  
FL

Zip Code  
34114

500039067115  
07/13/04--01059--017 \*\*1093.75

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

REGISTERED AGENT MUST SIGN

Date 7-9-04

**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
P	AMMERITA, ANDREW	60 HIBISCUS LANE	NAPLES, FL 34114

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-04

Date

239-289-0005

Daytime Phone #

CR2081 (01/04)