

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 25 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000087386**

1. Corporation Name

North Atlantic Ventures Inc.

2. Principal Office Address

101 N. Ocean Drive

Suite, Apt. #, etc.

210

City & State

Hollywood, FL

Zip

33019

Country

Broward

3. Mailing Office Address

101 N. Ocean Drive

Suite, Apt. #, etc.

210

City & State

Hollywood FL

Zip

33019

Country

Broward

200006165972--6
-07/03/02--01012--010
****750.00 ****750.00
200006165972--6
-07/03/02--01012--011
*******02.75**
REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

Sept. 5, 2001

5. FEI Number

58-2647632

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

Irina Nemtsev, Esq.

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

3852 Sheridan Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Irina Nemtsev

Date

6/20/02

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
Pres	Igor Antonov	101 N. Ocean Drive #210	Hollywood FL 33019
Vice	Sulia Simchuk	1265 15th Street #9H	Fort Lee, NJ 07024
Off	Max Ruckins	101 N. Ocean Drive #210	Hollywood FL 33019

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

Date

6/20/02

Daytime Phone #

(86) 853-7244

CR2E081 (9/01)