

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -4 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000021307**

1. Corporation Name

ATLANTIC INVESTMENT FIRM, INC.

Principal Place of Business

**6414 LAKE TERN WAY
COCONUT CREEK FL 33073**

Mailing Address

**6414 LAKE TERN WAY
COCONUT CREEK FL 33073**

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

02/25/2002

5. FEI Number

90-0018975

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LITTLE, ROBERT J JR.	6414 LAKE TERN WAY	COCONUT CREEK FL 33073
D	LITTLE, KIM	6414 LAKE TERN WAY	COCONUT CREEK FL 33073

200024510432

11/07/03-01055-023 **250.00

8. Name and Address of Current Registered Agent

**CALLAHAN, J.R.
249 WESTWARD DRIVE
MIAMI SPRINGS FL 33166**

9. Name and Address of New Registered Agent

Name **LITTLE, ROBERT J. JR.**
Street Address (P.O. Box Number is Not Acceptable)
6414 Lake Tern Way
Suite, Apt. #, Etc.
Coconut Creek FL 33073
City **Coconut Creek, FL** State **FL** Zip Code **33073**

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

Robert J. Little, Jr.
REGISTERED AGENT MUST SIGN

Date **11-04-03**

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:

Robert J. Little, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert J. Little, Jr. 11/04/03 (954) 725-9446
Date Daytime Phone #