

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 16 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000036823

1. Corporation Name

ATLANTIS WOOD WORK

2. Principal Office Address, No. P.O. Box #

7482 VIA LURIA

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

33467

Palm Beach

3. Alternate Office Address

7482 VIA LURIA

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

33467

Palm Beach

7. Name and Address of Current Registered Agent

EGON KOVES

7482 VIA LURIA

LAKE WORTH, FL 33467

State
FL

4. Date Incorporated or Qualified
To Do Business in Florida

4/4/2002

0304-27-187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 11/12/07

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	EGON KOVES	7482 VIA LURIA	LAKE WORTH, FL 33467

400110493564
10/08/07--01036--024 **300.00

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 contained in Chapter 119, 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

EGON KOVES

Date 10/3/07

561-7564575
Daytime Phone #

11/31/07