


2006 FOR PROFIT CORPORATION REINSTATEMENT

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06 OCT 19 11:03:33

DOCUMENT # P03000088818		
1. Entity Name ATLANTIC BUSINESS CONSULTANTS, INC.		

Principal Place of Business 3511 SOUTH PENINSULA DR. PORT ORANGE, FL 32127	Mailing Address 3511 SOUTH PENINSULA DR. PORT ORANGE, FL 32127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



10102006 REIN-P CORP2E09 (11/05)	
4. FEI Number 20-0125649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SOLOMON, KAREN D 3511 SOUTH PENINSULA DR. PORT ORANGE, FL 32127	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, KAREN D 49 VILLAGE DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SOLOMON, STANLEY J 49 VILLAGE DR ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSKAMP, MARK 131 OAK LANE ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 10/30/06--01003--001 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300081305093 10/30/06--01003--001 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Karen D. Solomon</u>	Date: <u>10/13/06</u>	Daytime Phone #: <u>386-761-5733</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

Atlantic Shores Management, Inc.

3511 S. Peninsula Dr.
Port Orange, FL 32117
(386) 761-5733 Fax (386) 761-5396

October 10, 2006

Tyrone Scott
State of Florida
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314


re: Atlantic Business Consultants
Document #P03000088818

Dear Mr. Scott:

Per our phone conversation today I am enclosing an updated form along with check #2819 to replace check #2646 dated back in July. As I explained to you on the phone I had sent in all 3 of my corporations (Atlantic Shores Management, Inc., Affiliated Labor Services, Inc and Atlantic Business Consultants, Inc.) In the same envelope were 3 different checks and forms. The other 2 were cashed and the other check for Atlantic Business Consultants was never cashed. I am also enclosing the original letter sent to Mr. Blankenberry.

I am asking that the late fee be waived and that I be allowed to pay the regular fee. Thank you in advance for your help in this matter.

Sincerely,


Karen D. Solomon

ATLANTIC SHORES MANAGEMENT**3511 S. PENINSULA DRIVE
PORT ORANGE, FL 32127**

Fax (386) 761-5396

Telephone (386) 761-5733
Extension 23, 25, 21 or 30Gary Blankenberry
State of Florida
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314re: Atlantic Business Consultants, Inc.
Document #P03000088818

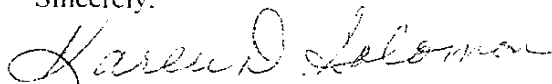
Dear Mr. Blankenberry,

Per our conversation on the 7th of July I am forwarding the check for the above renewal and a downloaded form. As I explained to you on the phone I had sent in all 3 of my corporations (Atlantic Shores Management, Inc, Affiliated Labor Services, Inc. And Atlantic Business Consultants, Inc.) In the same envelope with 3 different checks and forms. The other 2 were cashed and everything is ok with them, per your statement, but something must have happened to the 3rd one.

I paid these early to make sure there were no problems but apparently the ABC Corporation was lost. It has never cleared the bank.

I request that I be allowed to pay the regular fee, which I believed I had until I got the card on Friday, and not have to pay the additional \$400.00. Thank you in advance for your help both Friday and now.

Sincerely,


Karen D. Solomon