D173

Daytime Phone #

* 2005 FOR PROFIT CORPORATION REINSTATEMENT

| 1. Entity Nam ATLANTIC | e of Business | | INC. Mailing Address | DEET 4711 51 00 | | | 05 JAN | 1LED | | | |
|---|--|--|--------------------------|--|-------------------------|-----------------------|---|---------------------|----------------------------|--|--|
| 46 SW FIRST MIAMI, FL 33 | 3130 | | MIAMI, FL 3313 | 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130 | | | 111111111111111111111111111111111111111 | 25.08 | | | |
| Principal Place of Business Suite, Apt. #, etc. | | | | | | | REIN-P | CR2E098 (6/04 | | | |
| City & State | | | City & State MIAMI | | | | 12077 | 26 | Applied For Not Applicable | | |
| Zip Country 5. Name and Address of Current | | Zip 33 Ol 64 Registered Agent | 33014 V | | | | | 8.75 Additional | | | |
| DADTEL | | | | | _Name | | | | | | |
| BARTEL, STANLEY J 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130 | | | | 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_ | Signature, typed | or printed name of registered agent a | and title if applicable. | (NOTE: Register | ed Agent signature requ | ired when reinstating | <u> </u> | DATE | | | |
| FILE NOWI!! FEE IS \$300.00 In accordance with s. 607.193(2) corporation did not receive the p | | | | | | | | | | | |
| 10. | | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AND DIRECTO | RS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD VEGA, MA 46 SW FII MIAMI, FI | RST STREET 4TH FLO | ☐ Delet | NAM STRE | I . | REINS | TATEN | Change O | Addition 4 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1 | STANLEY J RST STREET 4TH FLO L 33130 | □ Delet | NAM STRE | i | | | ☐ Change | e □ Addition T | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ا ما مستد ب | □ Delet | NAM STRÍ | | | | ☐ Change | e Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delet | NAM STRE | | | | ☐ Change | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delet | NAM STRE | | 1 (02/0 | 00 045 8 3/0501006 | 3:91221 005 **45 | e Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Detet | NAM STRE | I | | | ☐ Change | e 🔲 Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. | | | | | | | | | | | |

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2005 FOR PROFIT CORPORATION REINSTATEMENT

| | 1/211/01/7 | I POTAL POTAL I | | | | | | | | |
|--|---|---|-----------------------------------|-------------------------|------------------|-------------------------|-----------------------|--|-------------------|----------------|
| 1. Entity Name | MENT # P03000115 | | | | | | | | | |
| Principal Place 46 SW FIRST : MIAMI, FL 33 | STREET 4TH FLOOR | Mailing Address 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130 | | | | OBÍZB ÉINE BFIN BBNE GJ | FIÁL ICENT JERNY NEIM | n ei n e 11 9 s t ei n e | : 1 | |
| · | ace of Business | 3. Mailing Address 15540 SHARPECROFTDA | | | | | | | | |
| Suite, Apt. (| ₹, elc. | Suite, Apt. #, etc. | | | 01212005 | REIN-P | CR2E09 | | | |
| City & State | | City & State MIMMI LAKES FL | | | 4. FEI Number | | 128 | <u> </u> | plied I t Appl | For licable |
| Zip | Country | 33014 | Country | ADE 5. Certificat | | of Status Desired | Fe | 8.75 Addi e Required | | |
| | 6. Name and Address of Current I | Registered Agent | | Name | 7. Name and | Address of New | Registered Ag | <u>ant</u> | —- <u>-</u> - | |
| BARTEL, STANLEY-J 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130 | | | | Street Address (F | P.O. Box Numbe | er is Not Acceptab | le) | | - 5. | |
| IAUSIAU' I C | 33130 | | | City | | | FL | Zip Code | | |
| 8. The above | named entity submits this statement for | the purpose of changing its | | | ed agent, or bot | h, in the State of F | | niliar with, a | and a | ccépt |
| the obligati | ons of registered agent. T | Bortel | · | | | | 1-3/- | 05 | - | _ |
| | E NOW!!! FEE IS \$300.00 | (NOTE) | . Togistal etc. | Agent signature require | | In accordance | with s. 607.19 | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS/ | CHANGES TO OF | FICERS AND D | IRECTORS | 3 IN 1 | 1 |
| TITLE | PSTD VEGA, MARIA C | ☐ Delete | TITLE | | Change | | | Change | | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | 46 SW FIRST STREET 4TH FLO MIAMI, FL 33130 | OR ' | NAME STREET CITY-ST | ADDRESS T-ZIP | | | | | | |
| TITLE | SD Delete | | | | | | ſ | Change | | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | BARTEL, STANLEY J 46 SW FIRST STREET 4TH FLO MIAMI, FL 33130 | OR , | NAME STREET CITY-ST | adoress T-zip | | | • | | | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | Change | | Addition |
| STREET ADDRESS CITY-ST-ZIP | المنت الماليات الماليات | | STREET_ CITY-ST | ADDRESS T-zip | | | ಬಿಜ್ಞಾಗಿ ಕಿಂಗ್ ಕಿಂಗ್ | | · - 1 | |
| TITLE NAME STREET ADDRESS | | ☐ Delete | TITLE NAME STREET | ADDRESS | , . | | | Change | | Addition |
| CITY-ST-ZIP | | □ Delete | CITY-ST | T-ZIP | | | | ☐ Change | | Addition |
| NAME Street Address City-St-Zip | | | NAME STREET CITY-ST | ADDRESS T-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET CITY-S | ADDRESS T-ZIP | | | [| Change | | Addition |
| indicated of the cor | certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, | s true and accurate and that r owered to execute this report | my signatui as require | re shall have the | same legal effe | ct as if made unde | er oath; that I an | n an officer | or dir | rector |
| SIGNAT | URE: Waria L. SIGNATURE AND TYPED OR F | PRINTED MAKE OF SIGNING OFFICER | OR DIRECTO | · | 1- | 31-05 | 305 Day | 681 d | 70 | 94 |

ATLANTIC CONTAINER SERVICES, INC. 15540 SHARPECROFT DRIVE MIAMI LAKES, FL 33014 786 229-7148

January 24, 2005

Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Reference: Document # P03000115611

To whom it may concern;

As per a telephone conversation with someone in your office our corporation was put inactive because we didn't reply to the information you requested, we didn't reply because we didn't received your letter.

Please Reinstate the Corporation and please waived the penalty.

Do not hesitate to contact me if you need additional information.

Maria C-Vega --