

2005 FOR PROFIT CORPORATION REINSTATEMENT

01-83

DOCUMENT # P03000115611

1. Entity Name
ATLANTIC CONTAINER SERVICES, INC.



FILED

05 JAN 25 AM 9:42

Principal Place of Business
46 SW FIRST STREET 4TH FLOOR
MIAMI, FL 33130

Mailing Address
46 SW FIRST STREET 4TH FLOOR
MIAMI, FL 33130

2. Principal Place of Business

3. Mailing Address

15540 SHARPECROFT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212005

REIN-P

CR2E098 (6/04)

City & State

City & State

MIAMI LAKES FL

4. FEI Number

05-1207728

Applied For

Not Applicable

Zip

Country

Zip

33014

Country

DADE

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARTEL, STANLEY J
46 SW FIRST STREET 4TH FLOOR
MIAMI, FL 33130

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
VEGA, MARIA C
46 SW FIRST STREET 4TH FLOOR
MIAMI, FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BARTEL, STANLEY J
46 SW FIRST STREET 4TH FLOOR
MIAMI, FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
REINSTATEMENT 04-05

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition
100045891221
02/03/05--01006--005 **450.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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.

SIGNATURE:

Maria C Vega



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2005 FOR PROFIT CORPORATION REINSTATEMENT

123

DOCUMENT # P03000115611 1. Entity Name ATLANTIC CONTAINER SERVICES, INC.					
Principal Place of Business 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130			Mailing Address 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 15540 SHARPE CROFT DR Suite, Apt. #, etc.			
City & State MIAMI LAKES FL		City & State MIAMI LAKES FL		4. FEI Number 05-1207728	
Zip 33044		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARTEL, STANLEY J 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130			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 <u>Stanley J Bartel</u> DATE <u>1-31-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VEGA, MARIA C 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTEL, STANLEY J 46 SW FIRST STREET 4TH FLOOR MIAMI, FL 33130	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 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.					
SIGNATURE: <u>Maria C Vega</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-31-05</u> Daytime Phone # <u>305 681 9094</u>		

PS 3073

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
Maria C. Vega