

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL 10 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # PO4000134473**

1. Corporation Name

Atlantic Adventures Inc

208-32172

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

4809 E Busch Blvd

3. Mailing Office Address

4809 E Busch Blvd

Suite, Apt. #, etc.

Ste 202-4

Suite, Apt. #, etc.

Ste 202-4

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33617

Country

USA

Zip

33617

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/2005

5. FEI Number



Applied For



Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Global ACAIS Network, Inc

Street Address (P.O. Box Number is Not Acceptable)

4809 E Busch Blvd

Suite, Apt. #, Etc.

Ste 201-I

City

Tampa

State

FL

Zip Code

33617



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

Date 07/02/08

REGISTERED AGENT MUST SIGN

**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	Harrison, James	3706 N Ocean Blvd Ste 421	Fort Lauderdale, FL 33308
D	Mautner, Todd	19239 N. Dale Mabry Hwy. #114	Lutz, FL 33548
			100133027561 07/16/08--01037--014 **450.00
			100133027561 07/16/08--01037--015 **150.00
	RH		
	REINSTATEMENT		

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:

Todd Mautner

07/02/08

813-985-2733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #