

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| <b>DOCUMENT # P05000142445</b><br>1. Entity Name<br><b>ATLANTIC DATA STORAGE INC.</b>  |  |   |  |  |  |
| Principal Place of Business<br><b>3501 NW 54TH STREET<br/>FT. LAUDERDALE, FL 33309</b>   |  |   | Mailing Address<br><b>3501 NW 54TH STREET<br/>FT. LAUDERDALE, FL 33309</b>                   |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |  | <b>REINSTATEMENT-06</b><br>  |  |
| City & State   |  | City & State                                  |  | 4. FEI Number<br><b>20-3808093</b>   |  |
| Zip  |  | Country                                       |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BSPA CORPORATE SERVICES, INC.<br/>350 E. LAS OLAS BLVD.<br/>SUITE 1000<br/>FT. LAUDERDALE, FL 33301</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Carol Boisse</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>3501 NW 54 Street</b><br>City <b>Ft. Ldle</b> <b>FL</b> Zip Code <b>33309</b> |  |
| 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.<br>SIGNATURE <u><i>Carol Boisse</i></u> <span style="float: right;">10/10/06</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>  |  |   |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2007, Fee will be \$300.00</b>   |  |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>FINKELSTEIN, STEPHEN<br>3501 NW 54TH STREET<br>FT. LAUDERDALE, FL 33309 | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 400081958404<br>11/20/06--01085--010 **\$150.00  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BOISSE, CAROL<br>3501 NW 54TH STREET<br>FT. LAUDERDALE, FL 33309        | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <br><br><br>   | <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>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><i>Carol Boisse</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | 10/11/2006<br><small>Date Daytime Phone #</small>  |  |  |

FILED  
06 NOV 20 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA