

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN -4 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000156782790  
06/04/09--01020--015 \*\*450.00

**REINSTATEMENT**

CR2E681 (12/08)

0709

DOCUMENT # 205 000142445

**1. Corporation Name**

Atlantic Data Storage, Inc

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

3300 NE 26th Ave

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

**City & State**

Lighthouse Pt. FL

Zip

33064

Country

USA

**City & State**

Same

Zip

33064

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

20-3808093

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 Carol Boisse (BOISSE)

Street Address (P.O. Box Number is Not Acceptable)  
3300 NE 26th Ave

Suite, Apt. #, Etc.

City Lighthouse Pt State FL Zip Code 33064

**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

Carol Boisse

REGISTERED AGENT MUST SIGN

Date

May 26/09

**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	Carol Boisse (Boisse)	3300 NE 26th Ave	Lighthouse Pt, FL 33064
V	Stephen Finkelstein	3300 NE 26th Ave	Lighthouse Pt, FL 33064

**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:**

Carol Boisse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 26/09

Date

934-772-8500

Daytime Phone #