

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000078124

**Entity Name:** ATLANTIC CAR CARE, INC.

**FILED**  
**Sep 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1801 W ATLANTIC AVE.  
BAY C 1  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

**Current Mailing Address:**

1801 W ATLANTIC AVE.  
BAY C 1  
DELRAY BEACH, FL 33444

**New Mailing Address:**

**FEI Number:** 26-0498424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORENSHTEYN, SOLOMON  
4049 CEDAR CREEK RANCH CIRCLE  
LAKE WORTH, FL 33467 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** SOLOMON ORENSHTEYN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ORENSHTEYN, SOLOMON  
**Address:** 4049 CEDAR CREEK RANCH CIRCLE  
**City-St-Zip:** LAKE WORTH, FL 33467

**Title:** VP  
**Name:** MODEL, MATTHEW C  
**Address:** 5700 NW 2ND AVE STE 610  
**City-St-Zip:** BOCA RATON, FL 33487

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** SOLOMON ORENSHTEYN

P

09/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date