

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P92000010441**

1. Corporation Name

ATLANTIS CONSTRUCTION CO. OF MIAMI, INC.

Principal Place of Business

Mailing Address

**320 SW 133 CT.
MIAMI FL 33184**

**320 SW 133 CT.
MIAMI FL 33184**

FILED

97 MAY 27 PM 3: 56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



REINSTATEMENT *96-97*

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/09/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0374450	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BARREDA, EDUARDO	5520 SW 147 CT.	MIAMI FL
VSTD	MARTIN, ARMANDO	320 SW 133 CT.	MIAMI FL
			700002196137--3 -05/30/97--01059--006 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, ARMANDO 320 SW 133 CT MIAMI FL 33184	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Armando Martin
REGISTERED AGENT MUST SIGN

Date **3-20-97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Sally Pineda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-97 305-670-1643
Date Daytime Phone #

CR25040 (7/96)