

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR 1996
REINSTATEMENT



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

APPROVED
AND
FILED

97 JAN 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

ATLANTIC RESTORATION
P94000011041

Principal Place of Business

Mailing Address

101 NW 5AVE
F.T. LAUD. FL. 33311

Same.

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

SAME.

3. New Mailing Address, If Applicable

Same.

4. Date Incorporated or Qualified
To Do Business in Florida

2/94

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650474809

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☒ \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	ESTHER KODSY	23840 MORITZ	OAK PARK Mich. 48237
V. Pres.	SHERIF KODSY	714 NW 12 AVE.	DANIA FL. 33004
			800002063168--7
			01/21/97-01024-006
			****383.75 ****383.75
			REINSTATEMENT 1996
			U. Man

8. Name and Address of Current Registered Agent

SHERIF KODSY
714 NW 12 AVE.
DANIA FL. 33004

9. Name and Address of New Registered Agent

Name ESTHER KODSY
Street Address (P.O. Box Number is Not Acceptable)
23840 MORITZ
Suite, Apt. #, Etc.

City OAK PARK Mich. State FL Zip Code 48237

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:

Sherif Kody
REGISTERED AGENT MUST SIGN

Date 12/16/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Sherif Kody SHERIF KODSY 12/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (12/95)