

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000011041

1. Corporation Name

Atlantic Restoration, Inc.

2. Principal Office Address

101 N.W. 5th Ave.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

Zip

33311

Country

U.S.

3. Mailing Office Address

23840 Moritz

Suite, Apt. #, etc.

City & State

Oak Park, FL

Zip

48237

Country

U.S.

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

02/07/1994

5. FEI Number

65-0474809

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

Esther Kodsy

Street Address (P.O. Box Number is Not Acceptable)

23840 Moritz

Suite, Apt. #, Etc.

City

Oak Park

State

FL

Zip Code

48237

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

Esther Kodsy

REGISTERED AGENT MUST SIGN

Date 3-14-00

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

Esther Kodsy

23840 Moritz

Oak Park, FL 48237

V

Sherif Kodsy

714 N.W. 12 Ave.

Dania, FL 33004

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 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:

Esther Kodsy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-00

Daytime Phone #

(248) 399-8594

KE