

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

97 MAR 20 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000025200

1. Corporation Name

ATLANTIC COMMODITIES INCORPORATED

Principal Place of Business

Mailing Address

~~1045 PALM BEACH LAKES BLVD~~  
~~STE 800~~  
W PALM BEACH FL 33401

~~1045 PALM BEACH LAKES BLVD~~  
~~STE 800~~  
W PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

777 S. FLAGLER DR.

3. New Mailing Office Address, If Applicable

777 S. FLAGLER DR.

Suite, Apt. #, etc.

8TH FLOOR WEST TOWER

Suite, Apt. #, etc.

8TH FLOOR WEST TOWER

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

Zip  
FL 33401

Country  
USA

Zip  
FL 33401

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/1994

5. FEI Number

65-0479291

Applied For

Not Applicable

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)

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
Asst. Dir.	FINLEY, CHANDLER R	1645 PALM BEACH LAKES BLVD #520	W PALM BEACH FL 33401
P/D	MAIOROV SERGEI	777 S. FLAGLER DR. 8TH FLOOR W. TOWER	WEST PALM BEACH FL 33401

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FINLEY, CHANDLER R  
1645 PALM BEACH LAKES BLVD  
~~STE 800~~ #520  
W PALM BEACH FL 33401

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

REGISTERED AGENT MUST SIGN

Date 2-15-97

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-97 561-744-2112

CR2E040 (7/96)