

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061202

1. Corporation Name

ATLANTIC FILMS, INC.

Principal Place of Business

5331 NORTH EAST 17TH TERRACE
FORT LAUDERDALE FL 33334

Mailing Address

5331 NORTH EAST 17TH TERRACE
FORT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

14490 SW 24 ST.

Suite, Apt. #, etc.

DAVIE, FL

City & State

3. New Mailing Office Address, If Applicable

14490 SW 24 ST.

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33325

Country

U.S.A.

Zip

33325

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/1995

5. FEI Number

65-0602559

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 3	City / State / Zip 4
D	FUTO, ANDY	5331 NORTH EAST 17TH TERRACE	FORT LAUDERDALE FL 33334
		14490 SW 24 ST.	DAVIE, FL 33325

000029870650
10/21/03--01063--015 **750.00

8. Name and Address of Current Registered Agent

FUTO, ANDY
5331 NORTH EAST 17TH TERRACE
FORT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

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

14490 SW 24 ST.

Suite, Apt. #, Etc.

DAVIE

City

State

FL

Zip Code

33325

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/13/03

11. 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:

ANDY FUTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/03

Daytime Phone #

954-577-0550

CR2E040 (7/03)