

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

99 JUN 23 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

DOCUMENT # **P95000670430**

1. Corporation Name

Atlantic Custom Exteriors, Inc.

Principal Place of Business

Mailing Address

**1050 S. Federal Highway #129
Delray Beach, Florida 33843**

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

2. New Principal Office Address, If Applicable

519 E. Merritt Island, FL

3. New Mailing Office Address, If Applicable

Same as #2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

09-13-95

5. FEI Number

65-0606798

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P-S-T-D	Joanna Burch	450 Ursa Avenue	Merritt Island, FL32952

**100002915761--6
-06/25/99--01060--020
***1208.75 ***1208.75**

8. Name and Address of Current Registered Agent

**Lawrence J. Spiegel, Esquire
343 Almeria Avenue
Coral Gables, FL 33134**

9. Name and Address of New Registered Agent

Name **Joanna Burch**
Street Address (P.O. Box Number is Not Acceptable) **450 Ursa Avenue**
Suite, Apt. #, Etc.
City **Merritt Island** State **FL** Zip Code **32952**

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

Joanna Burch
REGISTERED AGENT MUST SIGN

Date **6-22-99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Joanna Burch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-22-99 407-459-9854
Date (Typed Name)

CR2E081 (12/98)

DENNIS F. FAIRBANKS

Attorney At Law
3420 N. Harbor City Blvd.
Melbourne, Florida 32935
407-255-0143

June 22, 1999

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Reinstatement Application
Atlantic Custom Exteriors, Inc.

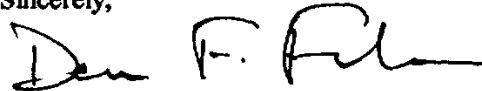
Dear Sir or Madam:

Enclosed please find a reinstatement application for Atlantic Custom Exteriors, Inc.
Please send the correspondence related to your acceptance or approval to the corporate office at:

Atlantic Custom Exteriors, Inc.
519 E. Merritt Island Cswy.
Merritt Island, Florida 32952

Please contact my office collect at the address shown in the letterhead if you have any questions or instructions.

Sincerely,



Dennis F. Fairbanks

DFF/tw
enclosure
cc: client