

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -9 AM 9:39

DOCUMENT # P95000070u30

1. Corporation Name

Atlantic Custom Exteriors

2. Principal Office Address

635 S. Plumosa ST

Suite, Apt. #, etc.

8

City & State

MerriH Island

Zip

32953

Country

Brevard

3. Mailing Office Address

3390 Grape ST

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32926

Country

Brevard

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-13-95

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. Name and Address of Current Registered Agent

Name

JoAnna Burch

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

3390 Grape Street

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

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**

JoAnna Burch
REGISTERED AGENT MUST SIGN

Date

OCT 20, 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	JoAnna Burch	3390 Grape ST	Cocoa, FL 32926

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)(j), 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:

JoAnna Burch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/00

Daytime Phone #

(321) 233-0995