

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070430

1. Corporation Name

ATLANTIC CUSTOM EXTERIORS, INC.

REINSTATEMENT 02-03

400025466594

12/12/03--01068--011 **300.00

400025466594

12/12/03--01068--010 **8.75

2. Principal Office Address

3390 GRAPE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

3390 GRAPE STREET

Suite, Apt. #, etc.

City & State

COCOA, FL.

City & State

COCOA, FL.

Zip

32926

Country

Zip

32926

Country

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

09/13/1995

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

Date

REGISTERED AGENT MUST SIGN

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	BURCH, JOANNA	3390 GRAPE STREET	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)(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:

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

12/10/03
Date

321-459-9854
Daytime Phone #

CR2E081 (9/01)

ATLANTIC CUSTOM EXTERIORS. INC.

3390 Grape Street
Cocoa, Fl. 32926
321-459-9854

December 5, 2003

Reference: Notice of administrative Dissolution or Revocation

Overnight mail

Florida Department Of State
DIVISION OF CORPORATIONS
409 East Gaines St.
Tallahassee, Fl. 32399

Dear Florida Department Of State:


Subject: Application For Reinstatement For Year 2002

The reinstatement application was never received for **ATLANTIC CUSTOM EXTERIORS**.
Company is still active within Brevard County.

We are asking you to please waive the reinstatement fee, and except the three hundred dollar's
which we have enclosed. I am also sending you a separate money order for \$8.75 for the
additional certificate of status.

If you have any questions please feel free to contact me. Again thank you for all your help in this
reinstatement matter.

Sincerely,



Joanna Burch