

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 OCT -7 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070430

1. Corporation Name

ATLANTIC CUSTOM EXTERIORS, INC.

2. Principal Office Address

3390 GRAPE ST
COCOA, FL. 32926

Suite, Apt. #, etc.

City & State

COCOA, FLA.

Zip

32926

Country

USA

3. Mailing Office Address

3390 GRAPE ST
COCOA, FL. 32926

Suite, Apt. #, etc.

City & State

COCOA, FLA.

Zip

32926

Country

USA

REINSTATEMENT

04-05

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

9-12-1995

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

DAVID BURCH

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

3390 GRAPE ST

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

David Burch

REGISTERED AGENT MUST SIGN

Date 10-5-05

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	DAVID BURCH	3390 GRAPE ST	COCOA, FL. 32926
			900060500679 10/11/05--01066--016 **500.00
			900060500679 10/11/05--01066--017 **400.00

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:

David Burch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-5-05 (321) 459-9854

Date

Daytime Phone #