

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT -2 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074677

1. Corporation Name

901 ATLANTIC, INC.

Principal Place of Business

24 MARKET PL
PITTSBURGH PA 15222

Mailing Address

24 MARKET PL
PITTSBURGH PA 15222

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

2. New Principal Office Address, If Applicable

901 Nicholas Coffee Co.

Suite, Apt. #, etc.

23 Market Place

City & State

Pittsburgh, Pa.

Zip

15222

Country

USA

3. New Mailing Office Address, If Applicable

901 Nicholas Coffee Co.

Suite, Apt. #, etc.

23 Market Place

City & State

Pittsburgh, Pa.

Zip

15222

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/1995

5. FEI Number

25-1778352

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	NICHOLAS, NICHOLAS G	336 FOURTH AVE 8TH FL	PITTSBURGH PA 15222
D	PATRINOS, DEMETRIOS T	3191 INDUSTRIAL BLVD	BETHEL PARK PA 15102
			400001968354
			-10/08/96--01155--018
			****225.00 ****225.00

8. Name and Address of Current Registered Agent

MOORE, W. RODGERS
4800 N FEDERAL HWY
SUITE 210-A
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/16/96
Date

412-391-7887
Daytime Phone #

CR2E040 (7/96)