

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 15 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000097515**

1. Corporation Name

**ATLANTIC HAMPSHIRE, INC.**

REINSTATEMENT 03

Principal Place of Business

18275 A1A  
JUPITER FL 33477

Mailing Address

18275 A1A  
JUPITER FL 33477



200025462302  
12/12/03--01049--018 \*\*150.00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0714864

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 3	City / State / Zip 4
P	STENDER, WILLIAM	1414 SUE BARNETT	HOUSTON TX 77018

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

**James A. Bordonaro**  
Assistant Secretary

Date

12/9/03

11. 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:

*W. Stender*

**William A. STENDER-Pres 11-2-03 561-7471050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (7/03)

**Atlantic Hampshire, Inc.**

**18275 North A1A**

**Jupiter, Florida 33477**

**561-747-1050 Telephone**

**Facsimile 561-747-4362**

November 2, 2003

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: FEI No. 65-0714864

Dear Examiner:

This letter is to notify you that we did not receive a uniform business report (UBR). In the previous years, we have always filed our UBR form and paid our fee timely. We can not explain why we did not receive a report this year.

Enclosed is our check in the amount of \$150.00 along with a completed and signed form. We hope that you will give us the courtesy of reinstatement.

If you have any questions or need additional information, please let me know.

Sincerely,



William A. Stender  
President

WAS/clc  
Enclosures