

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

99-00



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

FILED

00 FEB 28 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000012952

1. Corporation Name

ATLANTIC REALTY SERVICES, INC.

2. Principal Office Address

222 West Comstock Avenue

Suite, Apt. #, etc.

Suite 221

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

222 West Comstock Avenue

Suite, Apt. #, etc.

Suite 221

City & State

Winter Park, FL

Zip

32789

Country

USA

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

SP

5. FEI Number

59-3448170

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Thomas J. Hutchison, III

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

222 West Comstock Avenue, Suite 221

Suite, Apt. #, Etc.

Winter Park, Florida

City

State

FL

Zip Code

32789

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2/21/00

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/D	Thomas J. Hutchison, III	222 West Comstock Avenue Suite 221	Winter Park, FL 32789
VP/D	Catherine F. Hutchison	222 West Comstock Avenue Suite 221	Winter Park, FL 32789
VP/D	Andrew K. Hutchison	222 West Comstock Avenue Suite 221	Winter Park, FL 32789
S/T/VP D	DeAnne W. Hutchison	222 West Comstock Avenue Suite 221	Winter Park, FL 32789

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date 2/21/00

Daytime Phone #

CR2E081 (9/99)