

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 PM 1:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # - P97000016836

1. Corporation Name CONFIDENTIAL ATLANTIC, INC

2. Principal Office Address

940 SWEETWATER LN  
Suite, Apt., etc. 401

3. Mailing Office Address

940 SWEETWATER LN  
Suite, Apt., etc. 401

City & State

BOCA RATON FLORIDA  
Zip 33431 Country PALM BEACH

City & State

BOCA RATON FLORIDA  
Zip 33431 Country PALM BEACH

REINSTATEMENT 00-03

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65 0747598

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 FRANK C BRUNO  
Street Address (P.O. Box Number is Not Acceptable)  
940 SWEETWATER LN  
Suite, Apt., etc. 401  
City BOCA RATON

300023397959  
09/29/03--01037--007 \*\*639.00

09/29/03--01037--007 \*\*639.00

State  
**FL**

Zip Code  
33431

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

MC Bruno

Date 9/15/03

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
<u>PRESIDENT</u>	<u>FRANK C BRUNO</u>	<u>940 SWEETWATER LN</u> <u>SUITE 401</u>	<u>BOCA RATON - FL</u> <u>33431</u>

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:

MC Bruno

FRANK C BRUNO

9/15/03

813 392 5327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

600  
35