

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P97000078762**

1. Corporation Name

ATLANTIC OVERSEAS EXPRESS, INC.

99AR

FILED

99 NOV -8 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**2550 N.W. 72ND AVENUE
SUITE #316
MIAMI FL 33122**

**2550 N.W. 72ND AVENUE
SUITE #316
MIAMI FL 33122**



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

2. New Principal Office Address, If Applicable

**7391 NW 35 ST
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

**7391 NW 35 ST
Suite, Apt. #, etc.**

4. Date Incorporated or Qualified
To Do Business in Florida

09/11/1997

5. FEI Number

65-0780905

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GOMEZ, JORGE E	2550 N.W. 72ND AVENUE, SUITE #10	MIAMI FL 33122
VD	LEON, MARIA L	2550 N.W. 72ND AVENUE, SUITE #10	MIAMI FL 33122
SD	CASTRO, NORCKZIA E	2550 N.W. 72ND AVENUE, SUITE #10	MIAMI FL 33122
			100003051471--4 -11/22/99--01117--005 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

**GOMEZ, JORGE E S
2550 N.W. 72ND AVENUE
SUITE #316
MIAMI FL 33122**

9. Name and Address of New Registered Agent

Name **Gomez, Jorge E S**
Street Address (P.O. Box Number is Not Acceptable)
7391 NW 35 ST
Suite, Apt. #, Etc.

City **Miami** State **FL** Zip Code **33122**

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

[Signature]
Oct. 28 - 99

REGISTERED AGENT MUST SIGN

Date **Oct. 28 99**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Oct. 28 - 99

Date

Daytime Phone #

CR2040 (8/99)

ATLANTIC OVERSEAS EXPRESS, INC.

FMC-4557

7391 NW 35 Street - Miami, Fl 33122

Tel. (305) 715-0344 * Fax. (305) 594-1013

Email: amovsmia@aol.com

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October 28, 1999

Florida Department of State
Division of Corporations
Annual reports
P.O. Box 6327
Tallahassee, Fl 322314-6327

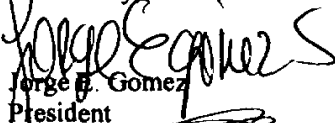
To Whom It May Concern:

We just received a notice of administrative dissolution or revocation. We were truly unaware of this situation. For over a year we have delegated our payroll, our accounting and company documents to our CPA.

Apparently somewhere between the relocation of our new office and the communications/courier between our CPA in West Palm Beach and us

Please accept our sincere apologies. We have been working harder than ever. We kindly ask you to waive the penalty and reinstate. We thank you for your cooperation during this difficult situation and look forward to a favorable solution.

Yours truly,


Jorge E. Gomez
President