PLEASE READ ALL INSTRUCTIONS BEFORE COMPLI

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of [redacted]
DIVISION OF CORPORATIONS

DOCUMENT # P97000108035

1. Corporation Name

Atlantic Securities, Inc

2. Principal Office Address	3. Mailing Office Address
6065 10th Ave N	Same
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Greenacres FL	City & State
Zip: 33463 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 12/23/97

5. FEI Number: 36-2850384 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Name and Address of Current Registered Agent

Name: Park I. Butch

Street Address (P.O. Box Number is Not Acceptable): 6065 10th Ave N.

Suite, Apt. #, Etc.

City: Greenacres State: FL Zip Code: 33463

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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: 11/27/00

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
CHRM	Edward F. Strict	6902 Old Whiskey Ck Dr	Ft Meyers, FL 33919
Pres	Park I. Butch	6065 10th Ave N.	Greenacres, FL 33463

REINSTATEMENT 99-00178

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Park I Butch, Pres.

11/27/00 Date 561-649-2220 Daytime Phone #