

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 22 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000021220**

1. Corporation Name

ATLANTIC GROUP HOLDINGS CORP
80 DEPOT AVE.
DELRAY BEACH, FL. 33444

2. Principal Office Address

3. Mailing Office Address

80 DEPOT AVE

80 DEPOT AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH, FL.

DELRAY BEACH, FL.

City & State

City & State

Zip

Country

Zip

Country

33444

PALM BEACH

33444

PALM BEACH

REINSTATEMENT 99-00

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

MARCH 6, 1998

5. FEI Number

65-0817245

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

ALDO CONIGLIARO

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

80 DEPOT AVE

Suite, Apt. #, Etc.

City

DELRAY BEACH

600003280476 - 1

05/08/00-01003-001

******750.00 ****750.00**

600003280476 - 1

05/08/00-01003-002

******150.00 ****150.00**

State

Zip Code

FL

33444

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

X

REGISTERED AGENT MUST SIGN

Date **5/17/00**

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

ALDO CONIGLIARO

80 DEPOT AVE

DELRAY BEACH, FL

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: **X**

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/00
Date

561-243-1152
Daytime Phone #