

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
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CORPORATION  
REINSTATEMENT

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000049751

1. Corporation Name  
Atlantic Building & Construction, Inc.

*[Handwritten mark]*

2. Principal Office Address  
635 HARBOR DRIVE

3. Mailing Office Address  
635 HARBOR DRIVE

REINSTATEMENT 99-00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida  
JUNE 3, 1998

City & State  
KEY BISCAIYNE, FL.

City & State  
KEY BISCAIYNE, FL.

5. FEI Number  
65-0846545

Applied For  
Not Applicable

Zip  
33149

Country  
USA

Zip  
33149

Country  
USA

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Corporation Service Company

80000320358--2

-04/11/00--01038--015

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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]* Lynette Coleman  
REGISTERED AGENT MUST SIGN as its agent

Date 3/17/2000

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
PRES.	Sammy Williams	635 HARBOR DRIVE	KEY BISCAIYNE, FL. 33149
V.P.	" "	" "	" " " "
SEC.	" "	" "	" " " "
TREA.	" "	" "	" " " "

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]* PRES.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-14-00

Daytime Phone # 305-361-5686

CR2E001 (9/99)