

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000050523**

1. Corporation Name

ATLANTIC HOTEL MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~4200 N OCEAN BLVD~~
~~POMPANO BEACH FL 33062~~

~~1200 N OCEAN BLVD~~
~~POMPANO BEACH FL 33062~~

12614 Little Palm Lane
Boca Raton, FL 33428-0000

same

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

2. New Principal Office Address, If Applicable

12614 Little Palm Lane

Suite, Apt. #, etc.

Boca Raton, FL

Zip
33428

Country
USA

3. New Mailing Office Address, If Applicable

12614 Little Palm Lane

Suite, Apt. #, etc.

Boca Raton, FL

Zip
33428

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1998

5. FEI Number

65-0840475

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MATHIS, HARRIS S JR	1200 N OCEAN BLVD 12614 Little Palm Lane	POMPANO BEACH FL 33062 Boca Raton, FL 33428
			400003470994--5 -11/20/00--01137--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GALLINAR, MICHAEL D
701 BRICKELL AVENUE SUITE 2150
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name
Harris S Mathis, Jr.
Street Address (P.O. Box Number is Not Acceptable)
12614 Little Palm Lane
Suite, Apt. #, Etc.
Boca Raton
City
Boca Raton
State
FL
Zip Code
33428

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **10-11-00**

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

Date

10-11-00

Daytime Phone #

954-520-4360
561-777-4000

CR2E040 (8/00)