

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION REINSTATEMENT

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

DOCUMENT # 090000051239

1. Corporation Name
ATLANTIC COAST REMODELERS INC.
1500 NW 62 ST.
FT. LAUDERDALE, FL

2. Principal Office Address
1500 NW 62 ST
Suite, Apt. #, etc.
401
City & State
FT. LAUDERDALE, FL
Zip
33309
Country
USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
City & State
Zip
Country

FILED

01 APR 18 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida
A98 SP

5. FEI Number
65-0844214
Applied For
Not Applicable

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

00-01

7. Name and Address of Current Registered Agent

Name
THOMAS DEMORE

Street Address (P.O. Box Number is Not Acceptable)
1500 NW 62 ST
Suite, Apt. #, Etc.
401
City
FT. LAUDERDALE
State
FL
Zip Code
33309

500004064015-8
-04/24/01--01073--016
****300.00 ****300.00

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
Thomas Demore
REGISTERED AGENT MUST SIGN

Date
4-17-01

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
DIR	THOMAS DEMORE	1500 NW 62 ST #401 FT. LAUDERDALE, FL	FT. LAUDERDALE, FL 33309
DIR	RICHARD PHILLIPS	1500 NW 62 ST #401 FT. LAUDERDALE, FL	FT. LAUDERDALE, FL 33309

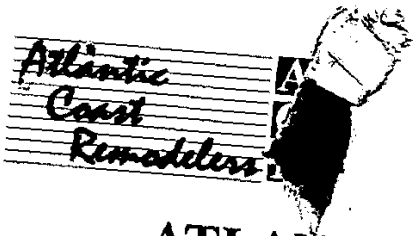
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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: **Thomas Demore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
4-17-01

Daytime Phone #
(954) 769-131

CR2E081 (9/00)



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ATLANTIC COAST REMODELERS, INC.
KITCHENS • BATHROOMS • CENTRAL AIR CONDITIONING • WINDOWS

To whom it may concern,

For some reason our report was not sent to our new address. We have 3 other licenses with the state of Florida and they all arrived at our new address. There must have been a mail mix up.

Thank you
T.J. Benson
Pres.