

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000054831**

1. Corporation Name

ATLANTIC COLLISION INC.

2. Principal Office Address

1057 SW S MACEDO BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Port St Lucie FL.

City & State

Zip

34983

Country

St Lucie

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0846463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03

7. Name and Address of Current Registered Agent

Name

Robert Briscoe

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

1057 SW S MACEDO BLVD

Suite, Apt. #, Etc.

City

Port St Lucie

State

FL

Zip Code

34983

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

REGISTERED AGENT MUST SIGN

Date

10/31/03

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/str/d	Robert Briscoe	3960 Goldenrod Rd	Jensen Beach FL 34957

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Briscoe

Date

10/31/03 772-336-3373

Daytime Phone #

ATLANTIC COLLISION, INC.

1057 S.W.S Macedo Blvd.
Port Saint Lucie. FL 34983
Phone: (772)336-3373
Fax: (772)336-3452
Email atlcolin@bellsouth.net

October 31, 2003

To whom it may concern,

We respectfully request that our corporation status be reinstated at the normal renewal rate of \$150.00 plus the additional fee of \$8.75. Our notice to renew was only just discovered when applying for a loan. This was presumably due to a change of address which had been documented on the 2002 Uniform Business Report. Enclosed is a copy of the report and a check for \$158.75. If you have any questions please contact me directly. Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'R. Briscoe', written over a horizontal line.

Robert Briscoe, President