

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

PG192

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -1 PM 6:03

DOCUMENT # P98000069271

1. Corporation Name

ATLANTIC GULF WHOLESALE, INC.

Principal Place of Business

Mailing Address

9736 HOLLOWBROOK DRIVE
PENSACOLA FL 32514

9736 HOLLOWBROOK DRIVE
PENSACOLA FL 32514



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3530457

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	THOMAS, ROBERT T	9736 HOLLOWBROOK DR	PENSACOLA FL 32514
			400003469534-2 -11/20/00--01013--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

THOMAS, ROBERT T
9736 HOLLOWBROOK DRIVE
PENSACOLA FL 32514

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Robert T. Thomas PRESIDENT
REGISTERED AGENT MUST SIGN

Date 10-12-2000

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:

Robert T. Thomas ROBERT T. THOMAS 10-12-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-478-8757

CR2E040 (8/00)



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ATLANTIC GULF YARNS
Atlantic Gulf Wholesale, Inc.
P.O. Box 10624
Pensacola Florida 32524
<http://home.att.net/~atlantic-gulf>

 **STATE OF FLORIDA**
DEPARTMENT OF STATE

**To: ANNUAL REPORT/
REINSTATEMENT**

From: ATLANTIC GULF WHOLESALE, INC.

Phone number: 850-487-6059

Bob Thomas

TEL: 850-478-8757

FAX: 850-477-9658



Date: 10-12-2000

Dear Sir / Madam,
Atlantic Gulf Wholesale, Inc. Did not get a corporation annual report / uniform business report. Or did not get a second notice annual report / uniform business report, informing each corporation that it would be dissolved / revoked on or after September 13 if the report was not filed. Please renew Atlantic Gulf Wholesale, Inc. , corporation in closing \$ 150.00 dollars.

Regards,

Robert T. Thomas

President

Atlantic Gulf Wholesale, Inc.

Robert T. Thomas