

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 MAY -9 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000073562

1. Corporation Name  
**ATLANTIC COAST  
ASSOC INC**

2. Principal Office Address  
**705 SW 27 AVE**

3. Mailing Office Address  
**18000 NW 2 AVE**

Suite, Apt. #, etc.  
**UNIT 1**

Suite, Apt. #, etc.

City & State  
**VERO BCH FL**

City & State  
**MIAMI FL**

Zip  
**32968** Country  
**INDIAN RIVER**

Zip  
**33169** Country  
**MIAMI-DADE**

4. Date Incorporated or Qualified To Do Business in Florida  
**8-24-98**

5. FEI Number  
**65-0857261** Applied For  
Not Applicable

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

**7. Name and Address of Current Registered Agent**

Name  
**ROBERT NAGY** **600054687846**  
**05/17/05--01065--025 \*\*450.00**

Street Address (P.O. Box Number is Not Acceptable)  
**250 SW VOLTAIR TERR**

Suite, Apt. #, Etc.

City  
**PT ST LUCIE** State  
**FL** Zip Code  
**34984**

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  
*Robert D. Nagy*  
REGISTERED AGENT MUST SIGN

Date  
**5/3/05**

**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
D	NAGY ROBERT	250 SW VOLTAIR TERR PT ST LUCIE FL 34984	PT ST LUCIE FL 34984

REINSTATEMENT 03-05

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

Date  
**5/3/05** Daytime Phone #  
**992-990-0602**

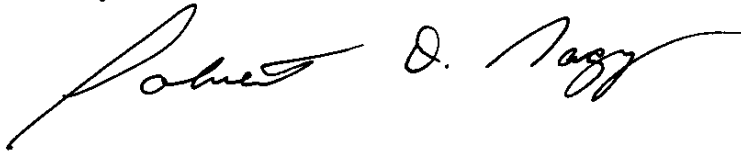
**ATLANTIC COAST ASSOCIATION INC.**  
**705 SW 27 Ave Ste. Unit 1**  
**Vero Beach FL 32968**

*May 4th, 2005*

*FL Department Of State*  
*Tallahassee FL*

*Dear Department Of State,*  
*Please, be advised that we did not receive our annual report forms in 2003 and 2004. That is the reason we could not pay our annual filing fee.*  
*Please, remove the penalty and reinstate our corporation.*

*Sincerely,*

A handwritten signature in black ink that reads "Robert D. Nagy". The signature is written in a cursive style with a large, sweeping initial "R".

*Robert Nagy*  
*Director*