

FROM
Sep 29 09 04:04p Starr Downey


(THU)00T 1 2009 10:55/ST. 10:55/No. 9300237208 P 1
561-881-9117 p.1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 OCT -2 PM 3:01
STATE
REINSTATEMENT

700161279077
10/02/09--01038--010 **1200.00

REINSTATEMENT 02-09
CR25081 (12/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000075200

1. Corporation Name

Atlantic Commercial Capital Corp

2. Principal Office Address - No P.O. Box #
1240 Bimini Ln

3. Mailing Office Address
1240 Bimini Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach

City & State

Riviera Beach

Zip

33404

Country

US

Zip

33404

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida 8/28/1998

5. FEI Number
65-0861152

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ 15 F.S. and Bond Fee required
for all corporations of State

7. Name and Address of Current Registered Agent

Name
David Jaynes Atty

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

1101 No Olive Ave

Suite, Apt. #, Etc.

Suite 200

City
West Palm Beach

State
FL

Zip Code
33407

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 10-1-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
T	Starr L. Downey	1240 Bimini Ln	Riviera Beach, FL 33404
P	Thomas F. Downey	1240 Bimini Ln	Riviera Beach, FL 33404

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 contained in Chapter 119, 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:

Starr L. Downey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/2009
Date

561-373-2624
Daytime Phone #