

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101354

1. Corporation Name

AMERICAN TRADE SPECIALISTS, INC.

Principal Place of Business

Mailing Address

19513 ESTUARY DRIVE
BOCA RATON FL 33498

19513 ESTUARY DRIVE
BOCA RATON FL 33498



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

2. New Principal Office Address, If Applicable

1704B PARK CENTRAL BLVD NORTH

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

1704B PARK CENTRAL BLVD NORTH

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1998

5. FEI Number

65-0881879

Applied For

Not Applicable

City & State
POMPAHO BEACH, FL

City & State
POMPAHO BEACH, FL

Zip
33064

Country

Zip
33064

Country

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	4
D	KOECKRITZ, GEORGE	6234 N.W. 102ND WAY	400003487784-1 -12/05/1998 ****750.00 ****750.00
D	GUTVEG, GARY B	19513 ESTUARY DRIVE	PARKLAND FL 33067
D	GOIN, RANDY A	2018 N.E. 21ST AVENUE	BOCA RATON FL 33498
D	PALMER, GLEN	8544 TOURMALINE BOULEVARD	FT. LAUDERDALE FL 33305
			BOYNTON BEACH FL 33437

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUTVEG, GARY B
19513 ESTUARY DRIVE
BOCA RATON FL 33498

Name
GLEN PALMER

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

8544 TOURMALINE BLVD

Suite, Apt. #, Etc.

City
BOYNTON BEACH

State
FL

Zip Code
33437

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

REGISTERED AGENT MUST SIGN

Date 11/10/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00
Date

954-214-7631
Daytime Phone #

CR2E040 (8/00)