

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 25 AM 10:07

DOCUMENT # P99000020944

1. Corporation Name

ATLANTIC TOOLS & EQUIPMENT, CORP.

2. Principal Office Address

13236 S.W. 87TH AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33183

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/99

5. FEI Number

65-0901404

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PEDRO M. GALLINAR

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

6701 SUNSET DRIVE

Suite, Apt. #, Etc.

100

City

MIAMI

State

FL

Zip Code

33143

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5-21-01

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	FRANCO LAUCCI	13236 S.W. 87 TH AVE.	MIAMI, FL. 33183
	20125-AR		
	1000-ARART		
	88-75-ARsup		

200004430742--7
-06/19/01--01110--003
***300.00 ***300.00

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

PRESIDENT

5-21-01

Date

705-688-4848

Daytime Phone #

CR2031 (2/00)