


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Katherine Harris
Secretary of State
DEPARTMENT OF CORPORATIONS

DOCUMENT # 999000087556

1. Corporation Name Atlantic Coastal Mfg. Inc.

2. Principal Office Address
4190 Belport Rd Suite 200
Suite, Apt. #, etc. Suite 200
City & State Jacksonville, FL
Zip 32216 Country Duval

3. Mailing Office Address
4190 Belport Rd.
Suite, Apt. #, etc. Suite 200
City & State Jacksonville, FL
Zip 32216 Country Duval

FILED

00 DEC 29 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700003533787--5
-01/11/01--01106--002
****158.75 ****158.75

4. Date Incorporated or Qualified To Do Business in Florida 10/4/99

5. FEI Number 59-3602025
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 Felicia Yolanda McAfee
Street Address (P.O. Box Number is Not Acceptable) 1628 Twin Oaks Dr. West
Suite, Apt. #, Etc.
City Middleburg State FL Zip Code 32068

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 Felicia Y. McAfee Date 10/19/00
REGISTERED AGENT MUST SIGN

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
N/A			
President, Owner	FELICIA MCAFEE	1628 Twin Oaks Dr. West	Middleburg, FL 32068

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: Felicia Y. McAfee Date 10/19/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
904-279-9112

CR2E081 (9/99)


20/2

11/2/00

To Whom It May Concern:

Please except this check for my reinstatement fee. I was not aware, we had to file this Form. I run a small Broker business by myself and this is my first year in business. I thought I paid all of the fees required for the year when I first received my licenses. Please except the 150.00. I called in and explained my situation to one of your Officers. She explained to me that you're the only area that could accept a lesser amount. As you Know starting up a business is very expensive and I don't have 750.00. Please except My apologies, I had no idea this report was required. Please also note a change of address. 4190 Belfort Road Suite 200, Jacksonville, FL 32216. Please call me if you have any questions at 904-279-9112.

Once again thank you in advance.

A handwritten signature in cursive script, appearing to read 'Felicia McAfee', written in dark ink.

Felicia McAfee