

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000090097

**Entity Name:** ATLANTIC AQUALINE, INC.

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2951 SE DOMINICA TER  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

2951 SE DOMINICA TER  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 65-0989754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAURER, JANI E  
500 N.E. SPANISH RIVER BLVD, # 27  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

ANDERSON, GAIL P  
2951 S.E. DOMINICA TERR  
STUART, FL 34997 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GAIL ANDERSON

10/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: ANDERSON, GAIL  
Address: 2807 SW BEAUMONT AVENUE  
City-St-Zip: PALM CITY, FL 34990

Title: VP  
Name: ANDERSON, WAYNE  
Address: 2807 SW BEAUMONT AVENUE  
City-St-Zip: STUART, FL 34990

Title: D  
Name: HUDSON, GEORGE  
Address: 2951 S.E. DOMINICA TERRACE  
City-St-Zip: STUART, FL 34997

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GAIL ANDERSON

P

10/04/2010

Electronic Signature of Signing Officer or Director

Date