

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 AUG 28 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S65217

1. Corporation Name

ATLANTIC MANAGEMENT BROKERAGE SERVICES, INC.

2. Principal Office Address
478 SUNSET ROAD

3. Mailing Office Address
478 SUNSET ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ENTERPRISE

City & State
ENTERPRISE

Zip Country
32725 USA

Zip Country
32725 USA

4. Date Incorporated or Qualified
To Do Business in Florida **7/10/1991**

5. FEI Number
59-3072889

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
MELISSA S. SPINNEY

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

Suite, Apt. #, Etc.

City
ENTERPRISE

State
FL

Zip Code
32725

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

Melissa A. Spinney
REGISTERED AGENT MUST SIGN

Date **8/15/2002**

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,VP,S,	MELISSA A. SPINNEY	478 SUNSET RD.	ENTERPRISE, FL 32725

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:

Melissa A. Spinney

MELISSA A. SPINNEY

8/15/2002 386-956-1334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 02-02

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-08/30/02--01058--007
***1085.00 ***1085.00

CR2E081 (8/01)

8/15/2002

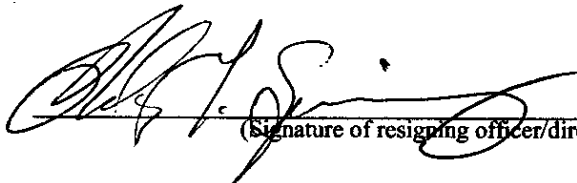
OFFICER / DIRECTOR RESIGNATION

I, PHILIP T. SPINNEY, hereby resign as PRESIDENT
(Title)

of ATLANTIC MANAGEMENT BROKERAGE SERVICES, INC
(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA

and affirm that the corporation has been notified in writing of the resignation.


(Signature of resigning officer/director)

FILING FEE IS \$35.00

**Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**