

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 21 PM 12:00

DOCUMENT # **L73212**

1. Corporation Name
ATLANTIC TECHNOLOGIES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
% PAUL S. SACHDEVA 5750 EDGEWATER DRIVE ORLANDO FL 32810 US	% PAUL S. SACHDEVA 5750 EDGEWATER DRIVE ORLANDO FL 32810 US
If above addresses are incorrect in any way, line through incorrect information and enter correction below.	



REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/17/1990	
City & State		City & State		5. FEI Number	
Zip		Country		59-3077809	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DP	SACHDEVA, PAUL S	4209 ARBOR OAKS CT.	ORLANDO FL
			400003029814--1 -11/01/99--01005--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SACHDEVA, PAUL 4209 ARBOR OAKS CT. ORLANDO FL 32808		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	

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: *Paul Sachdeva* REGISTERED AGENT MUST SIGN Date: 10/18/99

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: *Paul Sachdeva* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/18/99 Daytime Phone #: 407-578-9776