

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JAN 15 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P97000042651

1. Corporation Name

ATN ENTERPRISES, INC.

**REINSTATEMENT** 02-04

500027095955  
01/16/04--01033--006 \*\*450.00

2. Principal Office Address

7532 SW 28 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

7532 SW 28 ST

Suite, Apt. #, etc.

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33314

Country

USA

Zip

33314

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05-12-97

5. FEI Number

65-0760644

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

ORA A. CIMAND

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

7532 SW 28 ST

Suite, Apt. #, Etc.

City

DAVIE, FL 33314

State  
FL

Zip Code

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

Orlando Cimand

REGISTERED AGENT MUST SIGN

Date 01-07-04

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
<u>D/P/T</u>	<u>CIMAND, ORA A.</u>	<u>7532 SW 28 ST</u>	<u>DAVIE, FL 33314</u>

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:

Orlando Cimand

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-07-04 (954) 915-0156

Date

Daytime Phone #

CR2E081 (10/02)

**ATN ENTERPRISES, INC.**  
**7532 SW 28 ST**  
**DAVIE, FL 33314**

January 7, 2004

**RE: P97000042651**  
**UBR - 2004 -REINSTATEMENT**

Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Dear Sirs:

We are submitting our 2004-UBR reinstatement and payment in the amount of \$450 to cover the annual uniform report fees for the years 2002, 2003 and 2004. We kindly request that your office waive or does not charge the re-instatement fees based on the following:

1. We never received the original 2002 UBR. This business moved during 2001 from its prior home location in Ft. Lauderdale to the City of Davie. Although we forwarded our business correspondence with the U.S. Mail, we never received the Corporate correspondence (UBR's) or cancellation notices from your office. .
2. Our corporation has always paid timely our previous reports since its incorporation in 1997, please see your filing history payment.
3. We are a very small based corporation and the \$600 reinstatement penalties would cause tremendous hardships on our finances.

We appreciate your understanding and hope that the Corporation can be reinstated. Please call or write to the above letterhead should further information be needed.

Truly yours,



Ora A. Cimand, President & Director