PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR 11 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000066433

1. Corporation Name

AT GLOBAL, INC.

REINSTATEMENT 01-02

2. Principal Office Address		3. Mailing Office Address	
13949 W. COLFAX AVE		13949 W. COLFAX AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
GOLDEN CO		GOLDEN CO	
Zip	Country	Zip	Country
80401	USA	80401	USA

4. Date Incorporated or Qualified To Do Business in Florida 08/07/1998

5. FEI Number 65-0859236 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
SCOTT J. JORDAN, ESQ

100005172511--0
-03/27/02--01079--029
****908.75 ****908.75

Street Address (P.O. Box Number is Not Acceptable)
110 SE 6TH STREET, 15TH FLOOR

Suite, Apt. #, Etc.

City	State	Zip Code
FT. LAUDERDALE	FL	33301

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 _____ Date 3/6/02

REGISTERED AGENT MUST SIGN

CR2E031 (3/00)

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,T,D	STEPHEN C. GRAHAM	13949 W. COLFAX AVE	GOLDEN CO 80401
S,D	MARTIN B. SMITH, JR	7901 SW 36TH STREET	DAVIE, FL 33328
D	ROBERT T. HEUSINKVELD	14673 MIDWAY ROAD, #220	ADDISON, TX 75001
			AD

10. I certify that I am an officer or director of 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: Stephen C Graham 2/22/02 303 232 5193x13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

L32524P.1