

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT 24 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT # P99000046175

1. Corporation Name

Atenay Transport Corporation

2. Principal Office Address

14991 S.W. 185th

Suite, Apt. #, etc.

3. Mailing Office Address

14991 S.W. 185th

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

U.S.A.

Zip

33027

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 1, 1999

5. FEI Number

65-0942896

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

Luis A. San Martin

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

14991 S.W. 185th

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Oct 11, 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
President	Luis A. San Martin	14991 S.W. 185th	Miramar, FL 33027
V-President	German San Martin	18919 S.W. 245th	Miramar, FL 33029
Treasurer	Santiago R. San Martin	14991 S.W. 185th	Miramar, FL 33029

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:

[Signature]

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/02
Date

(954) 447-9415
Daytime Phone #

CR2E081 (8/01)



Memorandum

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

From: Atenay Transport Corp

Subject: Reinstatement Application

To Whom It May Concern:

Atenay Transport is kindly asking for reinstatement, we did not receive the form due to change of address which was reported to the above address. Our new address is as follows:
14991 S.W. 18 St. Miramar, FL 33027. We need all documentation to be forwarded to the above address.

Thank you for your cooperation in advance. If you have any questions, please do not hesitate to contact us at your convenience. You may contact our office at (954) 447-9415.

Respectfully Yours,

Luis San Martin
President

MSM/msm