FOR REINSTATEMENT	Katherine Ha Secretary of St DIVISION OF CORPOR	IT OF STATE	FILED LUFETARY OF ASION OF CORPO	STATE STATES
DOCUMENT # F990000	01437		00 OCT 26 PM	3: 28
AMERICA TRANSFERS, INC.				-
	ailing Address		Binka 18818 1870 18 00 180 0 180 0 18 00 18 0 180 180 180 180 180 180 180 180 180 18	
	110 HIDDEN RIDGE DR., #2053 RVING TX 75038			
If above addresses are incorrect in any way, line through 2. New Principal Office Address, If Applicable 3.	incorrect information and enter of New Mailing Office Address, If A		rporated or Qualified	
	lite, Apt. #, etc.	To Do Bu	siness in Florida	03/16/1999
2701 W. ATROOFT Fray 101	2701 W. Airp	Or Fru OFFEI Numb	75-2786435	Applied For Not Applicable
Zio Country Zio 75002 Country		CERTIFICA	TE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Di	Stre	tions must list at least 3 directors) eet Address of Each icer and/or Director	City	/ State / Zip
Title(s) and/or Directors	-3		4	/ State / Zip
PSTD AMIRANDA, SILVIA	1110 HIDDEN RI	DGE DR #2053	IRVING TX	75038
110 PISTO MIRANDA, SILVIA	IIIO Hid	den Ridofor. 20	B In	JIM TX XXII
Mirondo Silvi	o Ino Hide	den Ridse DR. 21	23 IC	JIM T.X
scroom Mirand Sili	nd mo High	ten Ridge DR	2053 In	11n). TX
	·	, E	10000345	7705-0
			-11/07 41.41.U.	# 150.00
8. Name and Address of Current Registered Agent		9. Name and	1 Address of New Registe	red Agent
		Name	The second of th	hill
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Numb	er is Not Acceptable)	Burne
PLANTATION FL 33324		Suite, Apt. #, Etc.	-11/09/00 -11/09/00 *****150;	01115022
10. I, being appointed the registered agent of the above n	amed cosecution, am familiar wi		ction 607.0505, F.S.	FL
Signature of Registered Agent	TERED AGENT MUST SIGN	Assistant Secretary	Date	6-00
11. I certify that I am an officer or director of the receiver o	r trustee empowered to execute	rate name satisfies the requiremen	nts of section 607.0401 or 6	17.0401, F.S., that all fees
this reinstatement application, the eason for dissolutio owed by the corporation have been paid and the name on this application is true and accurate, and my signature.	es of individuals listed on this form	ect as if made under oath.		
this reinstatement application, the eason for dissolutio owed by the corporation have been paid and the name on this application is true and accurate, and my signature.	es of individuals listed on this form	act as if made under oath.	0 - 10 - 00	(972) (59) - (70) Daytime Phone #



October 19, 2000.

Department State of Florida

To whom it may concern:

I inform you that I never received a notice from you telling me that you go to dissolve or revoke my corporation.

By now we are not doing any business in Florida yet. Management is thinking to start in the year of 2002.

Here is the application for reinstatement and also the \$150 fee.

If you have any questions please call me at (972) 659-0983 ext. 121.

Thank you.

Miranda.

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