

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY -7 PH 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000008919

1. Limited Liability Company's Name  
**AT HOLDINGS, LLC**

2. Principal Office Address  
**1825 PONCE DE LEON**

3. Mailing Office Address  
**1825 PONCE DE LEON**

Suite, Apt. #, etc.  
**SUITE 487**

Suite, Apt. #, etc.  
**SUITE 487**

City & State  
**CORAL GABLES**

City & State  
**CORAL GABLES**

Zip Country  
**33134**

Zip Country  
**33134**

4. State/Country of Formation  
**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida **04/15/2002**

6. FEI Number **75-3049235**

Applied For  
Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

5/7

**8. Name and Address of Current Registered Agent**

Name  
**CMS INTERNATIONAL ENTERPRISES, INC**


Street Address (P.O. Box Number is Not Acceptable)  
**550 BILTMORE WAY**

Suite, Apt. #, Etc.  
**SUITE 200**

City  
**CORAL GABLES**

State Zip Code  
**FL 33134**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **04/30/2004**

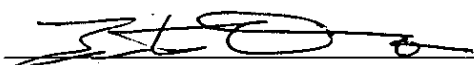
**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BENITO QUEVEDO, JR.	1825 PONCE DE LEON, SUITE 487	CORAL GABLES/FL/33134
MGRM	MARTHA QUEVEDO	1825 PONCE DE LEON, SUITE 487	CORAL GABLES/FL/33134

**REINSTATEMENT 2003-2004**

200037061552  
05/24/04--01113--013 \*\*205.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date **04/30/2004**

Daytime Phone # **305-586-2493**

Typed or printed name of signing Managing Member/Manager **BENITO QUEVEDO, JR.**

CR2E041 (10/02)