

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 33134	Country	Zip 33134	Country

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 **FL** Zip Code **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.

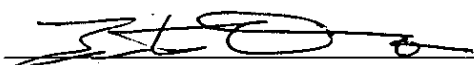
Signature of Registered Agent  Date **04/30/2004**

REGISTERED AGENT MUST SIGN

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)