PLEASE READ ALL INSTRUCTIONS BEFORE OF APPLICATION FLORIDA DEPARTMENT OF STATE Kathefine Harris  FOR Secretary of State  DIVISION OF CORPORATIONS				7		
DOCUMENT # F9600000311				99 JUL 28 AH 8: 03		
1. Corporation Name ATG MICROSYSTEMS INTERNATIONAL, INC.						
Principal Place of Business Mailing Address				•		
2129 NW 86 AVE P.O. BOX 431						
MIAMI, FL 33122 S. BOUND BROOK  NJ 08880  If above addresses are incorrect in any way, line through incorrect information and enter correction below.				REINSTATEMENT 99-95		
2. New Principal Office Address, If Applicable 3. New Maiting Office Address.				4. Date Incorporated or Qualified To Do Business in Florida JAN 18, 1996		
Suite, Apt. #, etc.	Suite, Apt. #, etc			5 FEI Numbe		Applied For
City & State  Zip Country	700	D B ROOK		6. \$8.75 Additional Fee required		
7. Names and Street Addresses of Each Officer and/o	or Director (Flor		ations must list at lea		TANDO DESINEO ES	for a Certificate of Status
Title(s) Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / S	itate / Zip	
PRESIDENT MIN-TSONG CHI	19 SCHE	URMAN	TERR	GREEN BROOK, NJ OFFI2		
V.P. MIN-YAU CHAN	IN DEERCROSS LANE			A. BRUNSWICK, NJ 08902		
TREASURA CHUN-JEN LIN		2 MONTFORT DRIVE			BELLE MEAD, NJ OP502	
SECRETARY JIASEN WANG		TKEVIN ROAD			E. BRUNSWICK	NJ 08816
DIRECTOR JAMES LILL	9 APPLEBY LANG			E. BRUNSWICK	,NJ 08816	
MA N/A		N/A.	1		N/A.	Nolah
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent		
\$00002956208—_1 Street Addre -08/10/9901077008				P.O. Box Number is Not Acceptable)  SW 295T		
City				AMAR	State FL	e Zip Code - 33 o 29
10. It, being appointed the redictered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date 07/23/99  REGISTERED AGENT MUST SIGN						
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No No No No No Intangible tax.)						
12. 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 reinstalement 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 AND THE PARTY OF LIFE	NAME OF S	IGNING OFFICER OR I	DIRECTOR	7/22	/S) Date D	oaytinie Ptione #