

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000000311**

1. Corporation Name

**ATG MICROSYSTEMS INTERNATIONAL, INC.**

Principal Place of Business

2129 NW 86TH AVE  
MIAMI FL 33122

Mailing Address

P.O. BOX 431  
S. BOUND BROOK NJ 08890

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
**2111 NW. 84 AVE.**

City & State  
**Miami, FL**

Zip  
**33122**

Country  
**USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
**P.O. Box 6628**

City & State  
**Somerset, NJ**

Zip  
**08875-6628**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/18/1996**

5. FEI Number

**22-3330618**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
1	2	3	4
P	CHANG, MIN-TSONG	19 SCHEURMAN RD TERR	200004679392--1 -11/14/01-01087--021 ****750.00 ****750.00 GREEN BROOK NJ 08812
VP	CHANG, MIN-YAU	12 DEERCROSS LANE	N. BRINSWICK NJ 08902
T	LIN, CHUN-JEN	2 MONTFORT DRIVE	BELLE MEAD NJ 08502
S	WANG, JIASEN	7 KEVIN ROAD	E BRUNSWICK NJ 08816
D	LIU, JAMES	9 APPLEBY LANE	E BRUNSWICK NJ 08816

8. Name and Address of Current Registered Agent

SU, CHI-HUA

~~2129 NW 86TH AVE~~ **2111 NW 84th AVE**  
MIAMI FL 33122

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**10/23/01**

11. 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/19/01**

**732-586-7580**

FILED

01 OCT 29 PM 5:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2ED4G (8/01)