

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ppp/10/2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G44823**

1. Corporation Name

ATSG CO.

FILED

01 OCT 19 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

9200 S DADELAND BLVD #720
MIAMI FL 33156

9200 S DADELAND BLVD #720
MIAMI FL 33156



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2302298

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DCP	CHERRNAY, ROBERT	9875 SW 93RD AVE	MIAMI, FL 00000
T	DEVLIN, KIMBERLY	16031 SW 286 STREET	MIAMI FL
S	CHERRNAY, PAULINE	9875 SW 93RD AVE	MIAMI FL 33176
V	ENGLAND, DALE	9711 N FARM RD STE 205	FAIR GROVE M 65648

8. Name and Address of Current Registered Agent

BERGER, MICHAEL L.
9990 SW 77 AVENUE, SUITE 313
SUITE 713
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name: *Kimberly Devlin*

Street Address (P.O. Box Number is Not Acceptable): *9200 S Dadeland Blvd 720*

Suite, Apt. #, Etc.: *720*

City: *Miami* State: **FL** Zip Code: *33156*

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

Kimberly Devlin

REGISTERED AGENT MUST SIGN

Date

10-15-01

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:

Kimberly Devlin *Kimberly Devlin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01
Date

305 670 4161
Daytime Phone #

CR2E040 (801)



AUTOMATIC TRANSMISSION SERVICE GROUP

Page 2 of 2

Suite 720 • 9200 S. Dadeland Boulevard • Miami, Florida 33156

October 16, 2001

Division of Corporations

RE: G44823

Reinstatement Application

Please find the enclosed application filled out and signed, this letter is to request the waiver of fees. If there is any problem please contact our offices, if we do not hear from you then we will only be able to assume this had been acceptable.

We submitted our report and check on May 29th, the check was for \$550.00, check number 2463. This check was cashed; we assumed that our report had been received and accepted.

We received a notice in the beginning of June stating the problem with our registered agent being out of state, we corrected this problem and forwarded the report back to your office.

Upon calling today, I was told that there was an additional notice sent out that the agents signature was needed, we never received this correspondence. If we had we would have gladly remitted it.

Until receiving this application for reinstatement we were unaware of any dissolution. During this time our check was cashed and we at no time received any information your records were not complete.