

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



550

06/02/01 90009 039

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/23/1983	
City & State		City & State		5. FEI Number	
Zip		Country		59-2302298	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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		9. Name and Address of New Registered Agent	
BERGER, MICHAEL L. 9990 SW 77 AVENUE, SUITE 313 SUITE 713 MIAMI FL 33156		Name: <i>Kimberly Devlin</i> Street Address (P.O. Box Number is Not Acceptable): <i>9200 S Dadeland Blvd 720</i> Suite, Apt. #, Etc.: <i>MI 720</i> City: <i>Miami</i> State: FL Zip Code: <i>33156</i>	

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: *K 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: *K Devlin* *Kimberly Devlin* Date: *10-15-01* Daytime Phone #: *305 670 4161*

CR2E040 (801)



AUTOMATIC TRANSMISSION SERVICE GROUP

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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.