

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:44

DOCUMENT # G56368

1. Corporation Name

ATELIER DESIGN GROUP, INC.

2. Principal Office Address

782 LeJeune Road

Suite, Apt. #, etc.

Suite 529

City & State

Miami, FL. 33126

Zip

33126

Country

USA

3. Mailing Office Address

782 LeJeune Road

Suite, Apt. #, etc.

Suite 529

City & State

Miami, FL. 33126

Zip

33126

Country

USA

REINSTATEMENT 99-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/24/83

5. FEI Number

59-2320007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pedro R. Gomez

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

782 LeJeune Road

Suite, Apt. #, Etc.

Suite 529

City

Miami

700003467717--

-11/16/00--01061--008

*****1667.50 ***833.75**

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/24/00**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	Cueli, Osvaldo E	15901 SW 218 Ave.	Miami FL. 33182
VPD	Gomez, Pedro R	782 NW LeJeune Road #529	Miami, FL. 33126

10. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/00

Daytime Phone #