

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -5 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G56368

1. Corporation Name

ATELIER DESIGN GROUP INC

2. Principal Office Address

5220 NW 72 AVENUE

Suite, Apt. #, etc.

8 A

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

3. Mailing Office Address

P.O. BOX 144314

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33114

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1983

5. FEI Number

592320007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

01-03

7. Name and Address of Current Registered Agent

Name

PEDRO R. GOMEZ

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

251 GALEN DRIVE

Suite, Apt. #, Etc.

APT 109

City

KEY BISCAYNE

State

FL

Zip Code

33149

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

REGISTERED AGENT MUST SIGN

Date 11/03/2003

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	GOMEZ, PEDRO R.	251 GALEN DRIVE, APT 109	KEY BISCAYNE, FL 33149
VPSD	CLEM, DOMES	4111 STIRLING RD, APT W401	DAVIE, FL 33314

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:

PEDRO R. GOMEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/03/03

Date

(305)972-1420

Daytime Phone #

CR2E081 (10/02)