LIMITE LIABIL TY COLP IY  DOCUMENT #  1. Limited Liability Company's Name  A. T. ENGINE	FLO IDA EL RT EN OLE TE SECTE DISTRICTIONS  DIVISION OF CORPORATIONS  3. Mailing Office Address 5608 SW 974 AVE Suite, Apt. #, etc.	O3 JAN 29 PM 4: 42  4. State/Country of Formation
Zip Country	City & State  CAPE COTAL, Florida  Zip  Country  Lee	Date Organized or Qualified     To Do Business in Florida      Applied For     Not Applicable      CEPTIFICATE OF STATUS DESIRED    S5.00 Additional Fee required
33914 Lee 33914 Lee "CERTIFICATE OF STATUS DESIRED X S5.00 Additional Fee required for a Certificate of Status  8. Name and Address of Current Registered Agent  Name Kenneth F. RALTON  Street Address (P.O. Box Number is Not Acceptable)  5600 Sw 974 Ave  Suite, Apt. #, Etc.  City CAPE CORAL  9. I, being appointed the registered agent of the above pamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent  Date JANUARY 24 / 2003		
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Street Address of Each		
MGR Kenneth F. RALTO	s Managing Member/Manage	Cape CORAL FL, 33914
REINSTATEME	2003 2003	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608, 406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect signature of Managing Member/Manager  Date JA 24/3 Daytime Phone #(23q) 540 7327  Typed or printed name of signing Managing Member/Manager		