

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY _REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L02000008919

1. Limited Liability Company's Name

AT HOLDINGS, LLC

FILED

04 MAY -7 PH 2: 23

SECILIALMO STATE ALLAHASSEL FLORINA

					` ト	1 - 1	
2. Principal Office Address		3. Mailing Office					
1825 PONCE DE LEON		1825 PON	ICE DE LEON	4. State/Country of Formation	1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FLORIDA	FLORIDA		
SUITE 487		SUITE 487		5. Date Organized or Qualified To Do Business in Florida04	To Do Business in Florida		
City & State		City & State					
CORAL GABLES		CORAL G	ABLES	6. FEI Number 75-3049235	AF	pplied For	
	1	Zip	Country	10 00 10200	No	t Applicable	
33134	Country	33134	Country	CERTIFICATE OF STATUS DESIRED	CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
	, , , , , , , , , , , , , , , , , , , ,						

8. Name and Address of Current Registered Agent

Name
CMS INTERNATIONAL ENTERPRISES, INC

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

Suite, Apt. #, Etc.
SUITE 200

City CORAL GABLES

State Zip Code 33134

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.							
Signature o Registered		Date 04/30/2004					
10. Names and Street Addresses of Managing Members/Managers							
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip				
MGRM	BENITO QUEVEDO, JR.	1825 PONCE DE LEON, SUITE 487	CORAL GABLES/FL/33134				
MGRM	MARTHA QUEVEDO	1825 PONCE DE LEON, SUITE 487	CORAL GABLES/FL/33134				
		· · · · · · · · · · · · · · · · · · ·	4 7.9				
		INSTATEMENT 200	13-2004				
		20 05/24/	0037061552 '0401113013 **205.00				
	Ą						

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 as if made under oath.

Signature of Nanager Manager



04/30/2004

Daytime Phone # 305.**5**86-2493

Typed or printed name of signing Managing Member/Manager

BENITO QUEVEDO, JR.

CRAED4 | (10/04)