

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

01 OCT -4 PM 2:54

DOCUMENT #

L25836

1. Corporation Name

ATISONIC INC.

2. Principal Office Address-

7217 NW 32 ST.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33122

Country

U.S.A

3. Mailing Office Address-

P.O. Box 450839

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33245

Country

USA

REINSTATEMENT 92-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/89

5. FEI Number

65-0151844

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

JOSEPH ATTIAS

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

7217 NW 32 ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33122

300004629633-8

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***1350.00 ***1350.00

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

Joseph Attias

REGISTERED AGENT MUST SIGN

Date 10/1/01

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
P	JOSEPH ATTIAS	7217 NW 32 ST.	MIAMI

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:

Joseph Attias JOSEPH ATTIAS

10/1/01

Date

Daytime Phone #