

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 MAY 24 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L38295

1. Corporation Name

A T & I SERVICES, INC.

Principal Place of Business

Mailing Address

~~13780 SW 56 ST  
#204  
MIAMI FL 33175  
US~~

*Incorrect  
moved*

~~13780 SW 56 ST  
#204  
MIAMI FL 33175  
US~~

*Incorrect  
we moved.*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

14837 S.W. 56th Terrace  
Suite, Apt. #, etc. Miami, FL 33193

14837 SW 56th Terrace  
Suite, Apt. #, etc. Miami, FL

City & State

City & State

Zip 33193

Country Florida

Zip 33193

Country Florida

4. Date Incorporated or Qualified  
To Do Business in Florida

12/19/1989

5. FEI Number

65-0166668

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	BARONIEL, ROBERTO	<u>13780 SW 56 ST #204</u> See #2 Above	MIAMI FL 33175
VD	BARONIEL, ESTHER M.	<u>13780 SW 56 ST #204</u> See #2 Above	MIAMI FL 33175
			300004430863--0 -06/19/01--01115--012 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BARONIEL, ROBERTO

~~13780 SW 56 ST~~

~~#204~~

~~MIAMI FL 33175~~

14837 S.W. 56th Terrace  
Miami, FL 33193

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*SIGNATURE REQUIRED*

Date 05/17/01

REGISTERED AGENT MUST SIGN

*Baroniel*

11. 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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/17/01

CR2E040 (8/00)