

L9500000814

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV 26 AM 11:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L95000000814
Name and Mailing Address

0002010 01 FP 0.352 **PRSRT T7 0 0615 33137-333900
ATCOM COMMUNICATIONS, L.C.
~~4500 LAKE ROAD~~ 551 BAY POINT RD
MIAMI FL 33137-3339



2. New Mailing Address 551 BAY POINT ROAD MIAMI FLA 33137		4. State/Country of Formation FL	
Principal Place of Business 4500 LAKE ROAD MIAMI FL 33137		5. Date Organized or Qualified To Do Business in Florida 10/24/1995	
3. New Principal Place of Business Address 551 BAY POINT RD MIAMI FLA 33137		6. FEI Number 65-0624210	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ATLAS, RUSSELL D 4550 LAKE ROAD MIAMI FL 33137	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 of Registered Agent Russell D Date 11/22/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ATLAS, RUSSELL D	4500 LAKE ROAD 551 BAY POINT RD	MIAMI FL 33137
MGR	ATLAS, RUSSELL D	4500 LAKE ROAD 551 BAY POINT ROAD	MIAMI FL 33137

12. 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 Managing Member/Manager Russell D Date 11/22/02 Daytime Phone # 305 572 0030

Typed or printed name of signing Managing Member/Manager