

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 JAN -7 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M44059

1. Corporation Name

A.T.C. Investments of South Florida, Inc.

2. Principal Office Address - No P.O. Box #
12209 South Dixie Highway3. Mailing Office Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FloridaCity & State
SameZip
33156Country
USAZip
SameCountry
Same

CP2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida 12-30-865. FEI Number
59-2749300☐ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐ 58.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Alisa de MoyaStreet Address (P.O. Box Number is Not Acceptable)
15025 SW 74th Ave

Suite, Apt. #, Etc.

City
Miami, FloridaState
FLZip Code
33158☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/07/08

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/D	A.J. de Moya	12209 South Dixie Highway	Miami, Florida 33156
S/T/D	Alisa de Moya	12209 South Dixie Highway	Miami, Florida 33156
D	Armando de Moya	12209 South Dixie Highway	Miami, Florida 33156
D	Anthony de Moya	12209 South Dixie Highway	Miami, Florida 33156
D	Christopher de Moya	12209 South Dixie Highway	Miami, Florida 33156

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/08

Date

305-255-5713

Daytime Phone #

A.J. de Moya, President

REINSTATEMENT
2006-08

Division of Corporations

Florida Department of State
Division of Corporations
Public Access System

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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : QUARLES & BRADY LLP
Account Number : I20000000067
Phone : (239) 262-5959
Fax Number : (239) 434-4999

CORPORATION REINSTATEMENT

A.T.C. INVESTMENTS OF SOUTH FLORIDA, INC.

Certificate of Status	1
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