

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 14 PM 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M44059

1. Corporation Name

A.T.C. Investments, Inc.

2. Principal Office Address

12209 South Dixie Hwy

Suite, Apt. #, etc.

N/A

City & State

Miami, Florida

Zip

33156

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

N/A

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-30-86

5. FEI Number

59-2749300

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 97-03

7. Name and Address of Current Registered Agent

Name

Alisa de Moya

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

15025 SW 74 AVE

Suite, Apt. #, Etc.

N/A

City

Miami, Florida

State

FL

Zip Code

33158

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 **May 8, 2003**

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 Hwy	Miami, FL 33156
S/T/D	Alisa de Moya	12209 South Dixie Hwy	Miami, FL 33156
D	Armando de Moya	12209 South Dixie Hwy	Miami, FL 33156
D	Anthony de Moya	12209 South Dixie Hwy	Miami, FL 33156
D	Christopher de Moya	12209 South Dixie Hwy	Miami, FL 33156
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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:

Alisa de Moya

5-08-03

(305) 255-5713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)

97 5115