PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 07, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P00000000932

1. Corporation Name

A T I EXPRESS CORPORTION

900056397209
06/21/05--01053--005 **300.00

2. Principal Office Address	3. Mailing Office Address
17870 NE 19 AVE	17870 NE 19 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH	City & State: NORTH MIAMI BEACH
Zip: 33162 Country: USA	Zip: 33162 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0970935 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certified Copy

7. Name and Address of Current Registered Agent

Name: DOUGLAS FILGUEIRAS

Street Address (P.O. Box Number is Not Acceptable): 17870 NE 19 AVE

Suite, Apt. #, Etc.:

City: NORTH MIAMI BEACH State: FL Zip Code: 33162

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: [signature] Date: 06/06/05

REGISTERED AGENT MUST SIGN

CR2E041 (9/05)

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
D	DOUGLAS FILGUEIRAS	17870 NE 19 AVE	N. MIAMI BEACH, FL 33162

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: [signature] 06/06/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

A T I EXPRESS CORPORATION
17870 NE 19 AVE
North Miami Beach, Florida 33165
(305) 944-5278

Miami, Jun 03, 2005
Re: A T I EXPRESS CORPORATION
F.E.I. 65-0970935

Florida Department of State
P.O. Box 6198
Tallahassee, FL 32314

Gentlemen:

This letter is to inform you that we did not received the Uniform Business Report for **A T I EXPRESS CORPORATION** for the last 2 years.

Enclosed please find Uniform Business Report for 2004 and 2005, for the above Corporation along with the payment.

If you have any questions do not hesitate to contact us.

Very truly,

Douglas Filgueiras
President