

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 21 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000001202

1. Corporation Name

ATALLAH BUSINESS GROUP INC.

2. Principal Office Address

6911 N.W. 87th Avenue

3. Mailing Office Address

Same

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

MIAMI FLORIDA

N/A

Zip

33178

Country

USA

Zip

N/A

Country

N/A

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1999

5. FEI Number

650972061

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RAFAEL SABA

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

6232 S.W. 139 Avenue

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33183

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 Oct. 17, 2002

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
VP	ATALLAH RAMSES E	4961 Pointe Circle	Oldsmar, FL. 34677
P	ATALLAH RAMSES E.	4961 Pointe Circle	Oldsmar, FL. 34677
TD	ROJAS, LUIS	4961 Pointe Circle	Oldsmar, FL. 34677
SD	Perez-Diaz Betsy D	4961 Pointe Circle	Oldsmar, FL. 34677

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 17, 2002 305-593-5383

Date Daytime Phone #

CR2E081 (9/01)

REINSTATEMENT 2002