

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Cal 2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

02 APR 29 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 000000 14995

1. Corporation Name

ATLANTI FORWARDING SERVICE CORP.

2. Principal Office Address

1967 CYGNUS CT

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

U.S.

3. Mailing Office Address

1967 CYGNUS CT

Suite, Apt. #, etc.

City & State

WESTON, FL

Zip

33327

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/2000

5. FEI Number

65 098 3786

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

EDUARDO MUGICA

500005665335--0

-06/03/02--01073--004

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

1967 CYGNUS CT

\*\*\*300.00 \*\*\*300.00

Suite, Apt. #, Etc.

City

WESTON, FL

State

FL

Zip Code

33327

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

4/23/02

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
PD	MUGICA BEIROA, LUIS EDUARDO	1967 CYGNUS CT	WESTON, FL, 33327

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

Date

Daytime Phone #

4/23/02 786 251 4040

CR2E091 (8/01)



## ATLANTIC FORWARDING SERVICE

1967 Cygnus Ct. Weston, FL 33327 - U.S.A

Tel. (786) 251 40402 - (954) 349 9510

e-mail: [e.mugica@myacc.net](mailto:e.mugica@myacc.net)

Av. del Libertador Brig Juan A. Lavalleja 1624/301 C.P. 11.100 - Montevideo, Uruguay

Tel 598 2 900 6917 - 598 2 900 4305 - 598 9 44 31 52 FAX 598 2 900 6917- e-mail [edmugica@adinet.com.uy](mailto:edmugica@adinet.com.uy)

Weston, 22<sup>nd</sup> April, 2002

Mrs.  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

Dear Sirs:

According with your e mail received from Mrs. Jennifer from Internet Access, we are enclosing our check for \$ 300 that corresponds to the fees for the Year 2000 and 2001

We never received the uniform business report notice(s) by mail, and for this reason, we not paid the fees before, and also, because this is a new corporation and we do not have receive information about the payment.

Please receive our request about the Reinstatement of the Corporation "ATLANTIC FORWARDING SERVICE".

We appreciate very much your cooperation in this matter

Best Regards

ATLANTIC FORWARDING SERVICE

Eduardo Mugica  
President