

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

02 **03R**

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

FILED

02 NOV 25 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000029636

1. Corporation Name

ADVANCED ALTERNATIVE TRANSLATING CORPORATION

Principal Place of Business

DUPONT PLAZA BUSINESS CENTER
300 BISCAYNE BLVD. WAY. SUITE 705
MIAMI FL 33131

Mailing Address

DUPONT PLAZA BUSINESS CENTER
300 BISCAYNE BLVD. WAY. SUITE 705
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/17/2000

5. FEI Number

65-0997-102

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	ICAZA, FRANCIS R	14365 SW 98TH TERR	MIAMI FL 33186
V	SILVA, ARACELI M	8849 SW 154TH CIR PL	MIAMI FL 33193
V	MATUS ARACELI	3720 COLLINS AVE, PH-2	MIAMI BEACH, FL 33140

200009203042
11/25/02 01066 012 **150.00

8. Name and Address of Current Registered Agent

ICAZA, FRANCIS R
300 BISCAYNE BLVD WAY
SUITE 705
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

ARACELI MATUS

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

SAME AS FILED

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-14-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-02

CR2040 (8/02)

AAT

ADVANCED ALTERNATIVE TRANSLATING CORP.

MEMBER ATA

Dupont Plaza Business Center
300 Biscayne Blvd. Way, Suite 705
Miami, FL 33131

Telephone: 305 377 0018
Facsimile: 305 377 0190
Email: alternative_1@msn.com

November 21, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

FEI Number: 65-0997102
Advanced Alternative Translating, Corp.

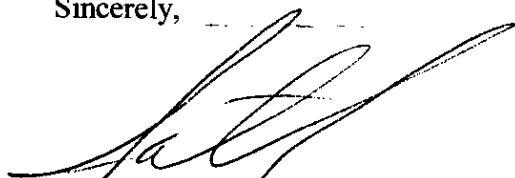
Dear Sir or Madam:

As we explained in our telephone conversation we did never receive the Annual Business Report Form so that we could file it. For this reason we are requesting a reinstatement and enclosing the following documents.

- A Check for \$150.00
- Application for Reinstatement

We greatly appreciate your consideration in this matter.

Sincerely,



Araceli Matus
Director