PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 OCT 15 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000047486

1. Corporation Name
A & T NATIONAL SERVICES CORP.

100161606311
10/12/09 01020 001 -5.00.00
11 CR2E081 (12/08) 002 -400.00

2. Principal Office Address - No P.O. Box #
3002 NW 4TH AVE
Suite, Apt. #, etc.
04
City & State
POMPANO BEACH FL
Zip 33064 Country USA

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified to Do Business in Florida 10/14/09

5. FEI Number 65-1007724 ☐ 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 ADAILTON TEIXEIRA
Street Address (P.O. Box Number is Not Acceptable)
3002 NW 4TH AVE
Suite, Apt. #, Etc.
04
City POMPANO BEACH State FL Zip Code 33064

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Adailton Teixeira Date 10/14/09
REGISTERED AGENT MUST SIGN

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	adailton Teixeira	3002 NW 4th AVE	POMPANO BEACH FL 33064
S	adailton Teixeira	3002 NW 4th AVE	Pompano Beach FL 33064
D	adailton Teixeira	3002 NW 4th AVE	Pompano Beach FL 33064

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 contained in Chapter 119, 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: Adailton Teixeira 10/14/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REINSTATEMENT
08-09