

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -9 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

P00000064035

ATLAS MARKETING & PROMOTIONS ENT. INC.

2. Principal Office Address

1717 N. Bayshore Drive

Suite, Apt. #, etc.

Suite 1431

City & State

Miami, Florida

Zip

33132

Country

USA

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/00

5. FEI Number

65-1048949

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

Ali Shahnazi

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

1717 N. Bayshore Drive

Suite, Apt. #, Etc.

Suite 1431

City

Miami

State

FL

Zip Code

33132

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 06/03/03

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
Pres.	Ali Shahnazi	1717 N. Bayshore Drive Suite 1431	Miami, Fl 33132

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:

Ali Shahnazi

06/03/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

765