

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Governor
DIVISION OF CORPORATIONS

DOCUMENT # P00000075168

1. Corporation Name

ATAK, INC.

Principal Place of Business

Mailing Address

5722 SOUTH FLAMINGO ROAD #277
FORT LAUDERDALE FL 33330

5722 SOUTH FLAMINGO ROAD #277
FORT LAUDERDALE FL 33330

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2000

5. FEI Number

651031605

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES.	PATRICK INGRAM	5722 S. FLAMINGO RD #277 FORT LAUDERDALE FL 33330	FT. LAUDERDALE FL 33330

700004717547--3

-12/10/01--01116--011

****150.00 ****150.00

01432

19

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

INGRAM, PATRICK T

5722 SOUTH FLAMINGO ROAD #277

FORT LAUDERDALE FL 33330

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.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

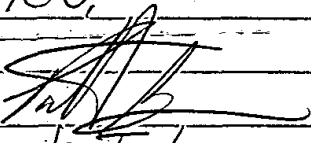
954.
10/18/01 817-3132

CR2ED40 (8/01)

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TO WHOM IT MAY CONCERN,

THE PREVIOUS NOTICES WERE
NOT RECEIVED. ANNUAL FEE IS ENCLOSED
THANK YOU.


PATRICK T. INGRAM
PRESIDENT