

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED 182

06 NOV 21 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



11032006 REIN-P CR2E098 (11/05)

<b>DOCUMENT # P01000100487</b> 1. Entity Name ATEN INC.					
Principal Place of Business 1601 - FORUM PLACE SUITE 906 WEST PALM BEACH, FL 33401			Mailing Address 1601 - FORUM PLACE SUITE 906 WEST PALM BEACH, FL 33401		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 13-3765007	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GARCIA, SANDRA 1382 WHITE PINE DRIVE WELLINGTON, FL 33414			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable. DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2007, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> Delete ZAIM, MARYAM 1601 - FORUM PLACE - SUITE 906 WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P. o Box 293 PALM Beach, FL 33480	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081986721 11/21/06--01037--019 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date: 11/16/06 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARYAM ZAIM**  
**OPTICAL FRAME**

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10/15/06

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DEAR SIR,

WE DIDN'T RECEIVE THE POST CARD NOTICE OF 2006.

PLEASE WAVE THE LATE FEE.

THANK YOU,

ACCOUNTING

YOU FUND ENCLOSE A CHECK OF \$150.

THIS IS THE SECOND TIME, I SEND YOU THIS LETTER WITH CHECK.

**ATEN, INC**  
PO. BOX 293, PALM BEACH, FL 33480  
TEL: 1 561 8326633 – FAX: 1 561 8419221  
EMAIL: MZFRAMES@AOL.COM  
WWW.MARYAMZAIM.COM