

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 DEC 24 AM 11:07

DOCUMENT # **P01000109770**

1. Corporation Name

ATENTO NORTH AMERICA, INC.

Principal Place of Business

**1221 BRICKELL AVE
MIAMI FL 33131**

Mailing Address

**1221 BRICKELL AVE
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

Suite, Apt. #, etc.

SUITE 600

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

1221 Brickell Ave

City & State

MIAMI, FL

Zip

33131

Country



REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2001

5. FEI Number

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
D	SANCHEZ, FEDERICO	1221 BRICKELL AVE	MIAMI FL 33131
D	CAMBO, PATRICIA M	1221 BRICKELL AVE	MIAMI FL 33131
DP	HORCAJO, ALBERTO	CP GREENBERG TRAUER 1221 BRICKELL AVE. 21st Floor	MIAMI FL
DS	CEREZO, REYES	CP GREENBERG TRAUER 1221 BRICKELL AVE. 21st Floor	MIAMI FL

000010138870
01/15/03--01086--016 **750.00

8. Name and Address of Current Registered Agent

~~CORPDIRECT AGENTS, INC.~~
~~103 NORTH MERIDIAN STREET~~
~~TALLAHASSEE FL 32301~~

9. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301-2525

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

Brian Courtney
Asst. V. Pres.
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

12/24/02

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:

ALBERTO HORCAJO, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)