

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000039638

1. Entity Name
ATI.J. INC.



FILED
05 APR -6 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT

Principal Place of Business
5137 NW 49TH AVENUE
COCONUT CREEK, FL 33073

Mailing Address
3000 N UNIVERSITY DR
3 TR F
POMPANO BEACH, FL 33065



04012005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

3000 N. UNIVERSITY DR
SUITE E

3000 N. UNIVERSITY DR
SUITE E

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip Country
33065 USA

Zip Country
33065 USA

4. FEI Number
75-3044084

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JUHASZ, ATTILA
5137 NW 49TH AVENUE
COCONUT CREEK, FL 33073

Name

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

3000 N. UNIVERSITY DR

SUITE E

City CORAL SPRINGS

FL

Zip Code

33065

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-05

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME JUHASZ, ATTILA
STREET ADDRESS 5137 NW 49TH AVENUE
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE
NAME
STREET ADDRESS 3000 N. UNIVERSITY DR SUITE E
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-31-05

APR 12 2005

M A S
PO BOX 771210
Coral Springs, Fl. 33077-1210
954-346-7288 - Broward 954-346-7217 Fax 305-621-9382 - Dade

04/02/05

Florida Department of State
PO BOX 6327
Tallahassee, Fl. 32314

Re: ATI J, Inc.
Doc # P02000039638

To Whom It May Concern:

We are enclosing a request for the reinstatement of our client, ATI J, Inc. and have included the corporate annual fee, but have not included the penalty due to our client not having received the corporate annual renewal documents because of an incorrect and change of address.

The client was notified the corporation had been administratively dissolved. They requested our assistance in the procedures to reinstate the corporation.

Based upon the failure of our client to receive the renewal form due to an address change, we are therefore formally requesting an acceptance of the renewal form without penalty.

Should you have any questions, please contact my office.

Thank you,
Sincerely,

A handwritten signature in black ink, appearing to read "David Hernandez", with a stylized flourish at the end.

David Hernandez