

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 26 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065445

1. Corporation Name

AMERICAN TRAVEL NETWORK GROUP, INC.

REINSTATEMENT

2. Principal Office Address

2300 NE 48th Court

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip
33064

Country
USA

3. Mailing Office Address

2300 NE 48th Court

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip
33064

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/2002

5. FEI Number

30-0085689

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

David M. Bovi, P.A.

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

319 Clematis Street

Suite, Apt. #, etc.

Suite 700

City

West Palm Beach

State

FL

Zip Code

33401

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

[Signature] president

REGISTERED AGENT MUST SIGN

Date 12/20/06

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
P/S/T/D	Lawrence Ruden	2300 NE 48th Court	Lighthouse Point, FL 33064

900082777349
12/28/06--01041--020 **500.00

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 contained in Chapter 119, 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] L. RUDEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/06
Date

954-725-0138
Daytime Phone #

DAVID M. BOVI, P.A.

David M. Bovi
Counselor At Law
LL.M. Securities Regulation

Phone (561) 655-0665
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242
The Comeau Building
319 Clematis Street • Suite 700
West Palm Beach, FL 33401
dmbpa@bellsouth.net

December 20, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: American Travel Network Group, Inc.
Application for Reinstatement
Document No. P02000065445

To Whom It May Concern;

Enclosed please find the original and one copy of Corporation Reinstatement for the above-named Florida corporation. The corporation seeks waiver of the reinstatement fee since the corporation did not receive the annual report notices in the year of dissolution. (2003)

Also enclosed is a check in the amount of \$600.00, representing all annual report and supplemental fees currently owed by the corporation from the year of dissolution to the current year.

Thank you for your assistance in this matter.

Sincerely,


David M. Bovi