

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000109675

1. Corporation Name

ATIVAS BUSINESS SOLUTIONS, INC.

2. Principal Office Address

3105 W. Waters Ave.

Suite, Apt. #, etc.

Ste. 315

City & State

Tampa, FL

Zip

33614

Country

USA

3. Mailing Office Address

3105 W. Waters Ave.

Suite, Apt. #, etc.

Ste. 315

City & State

Tampa, FL

Zip

33614

Country

USA

REINSTATEMENT

03-04

500028411825

02/09/04 01049-004 **300-00

4. Date Incorporated or Qualified
To Do Business in Florida

OCT. 10, 2002

5. FEI Number

371445144

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

Sandip Patel

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

3105 W. Waters Ave Ste 315

Suite, Apt. #, Etc.

315

City

Tampa, FL

State

FL

Zip Code

33614

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

Sandip Patel

REGISTERED AGENT MUST SIGN

Date

1/28/04

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
Mr.	TETAS PATEL	3105 W. Waters Ave. Ste 315 Tampa, FL 33614	Tampa/FL/33614

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/04

Daytime Phone #

813-230-5968

CR2E081 (10/02)