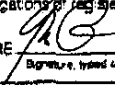


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000002466					
1. Entity Name ATI IMPORTS, INC.					
Principal Place of Business 17040 SW 48 ST DAVIE, FL 33331			Mailing Address 17040 SW 48 ST DAVIE, FL 33331		
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 55 0813587			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			FL		
Zip Code			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE  DATE					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
FILE NOW!!! FEE IS \$150.00 After January 1, 2004, Fee will be \$300.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEREZ, R. FRANK		NAME	900042321549	
STREET ADDRESS	17040 SW 48 ST		STREET ADDRESS	10/29/04--01083--001	**\$150.00
CITY-ST-ZIP	DAVIE, FL 33331		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 the 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 approved.					
SIGNATURE:  DATE 10/24/04 DAYTIME PHONE #					