2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000131827

City-St-Zip:

BOCA RATON, FL 33498 US

FILED Oct 20, 2004 Secretary of State

Entity Nar	ne: ATIS CORI	₽.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	′GLASS WAY TON, FL 33498	US	10766 STONEBRIDG BOCA RATON, FL 33		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	′GLASS WAY TON, FL 33498	US	10766 STONEBRIDG BOCA RATON, FL 33		
FEI Number:	56-2436599	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ROCKOWER, DAVID M 10248 SPYGLASS WAY BOCA RATON, FL 33498 US			ALFANO, DAVID M 3 BOULDER AVE OLD GREENWICH, F		
	named entity รเ e of Florida.	bmits this statement for the p	urpose of changing its registere	d office or registered agent, or both,	
SIGNATURE: DAVID ALFANO				10/20/2004	
	Electronic	Signature of Registered Age	ent	Date	
		2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () E SHIRES, STEPHE 3 BOULDER AVE OLD GREENWIC		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () E LOTTER, EDGAR BLUMENWEG 8 RUSSELSHEIN, S		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	VP () E ROCKOWER, DA 10248 SPYGLAS		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MR STEPHEN GLENN SHIRES Ρ 10/20/2004