

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

06 JAN -9 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO4000031187**

1. Corporation Name

ATO Z INTEGRATED NETWORKS, Inc.

2. Principal Office Address

124-A MARY ESTHER BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

124-A MARY ESTHER BLVD

Suite, Apt. #, etc.

City & State

MARY ESTHER FL

Zip

32569

Country

USA

City & State

MARY ESTHER FL

Zip

32569

Country

USA

REINSTATEMENT

05-060

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3784872

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

JOSEPH M. ZUPPA

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

124-A MARY ESTHER BLVD.

Suite, Apt. #, Etc.

City

MARY ESTHER

State

FL

Zip Code

32569

000064562510
01/26/06--01057--010 **908

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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]

REGISTERED AGENT MUST SIGN

Date **12/30/05**

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 |
|--------|--------------------------------------|---|-----------------------------|
| PS | JEAN ZUPPA | 124-A MARY ESTHER BLVD. | MARY ESTHER FL 32569 |
| TD | JOSEPH M. ZUPPA | 124-A MARY ESTHER BLVD | MARY ESTHER FL 32569 |
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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] **JOSEPH M. ZUPPA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/30/05**

Daytime Phone # **8502594835**

K. Eckel JAN 10 2006