

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000031783

Entity Name: ATC SOLUTIONS, CORP.

FILED
Nov 23, 2007
Secretary of State

Current Principal Place of Business:

10288 NW 51 TERRACE
DORAL, FL 33178

New Principal Place of Business:

17011 NE 6 COURT
MIAMI, FL 33162

Current Mailing Address:

10288 NW 51 TERRACE
DORAL, FL 33178

New Mailing Address:

17011 NE 6 COURT
MIAMI, FL 33162

FEI Number: 20-0753355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORONEL, ORLANDO A
10288 NW 51 TERRACE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

MEDINA, OSCAR
17011 NE 6 COURT
MIAMI, FL 33162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MEDINA OSCAR

11/23/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CORONEL, ORLANDO A
Address: 10288 NW 51 TERRACE
City-St-Zip: DORAL, FL 33178

Title: SECR () Delete
Name: PAOLA, HERRERA
Address: 10288 NW 51 TERRACE
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MEDINA, OSCAR
Address: 17011 NE 6 COURT
City-St-Zip: MIAMI, FL 33162

Title: VP (X) Change () Addition
Name: RAMIREZ, SILVIA
Address: 17011 NE 6 COURT
City-St-Zip: MIAMI, FL 33162

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MEDINA OSCAR

PD

11/23/2007

Electronic Signature of Signing Officer or Director

Date