

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 JAN 18 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000045058

1. Corporation Name

Atlas Systems Inc.

2. Principal Office Address - No P.O. Box #

14460 Hickory Court  
Suite, Apt. #, etc.

3. Mailing Office Address

14460 Hickory Court  
Suite, Apt. #, etc.

City & State

Davie, FL

Zip Country

33325 USA

City & State

Davie, FL

Zip Country

33325 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/06

5. FEI Number

20-4596618

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

Nicola Miele

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

14460 Hickory Court

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33325

**REINSTATEMENT**

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01/18/12--01027--009 \*\*1050.00

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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 1/9/12

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
P	Guillermo Gonzalez	14460 Hickory Court	Davie, FL 33325
VP	Nicola Miele	14460 Hickory Court	Davie, FL 33325

10. E-mail Address: leda@atlassystems@yahoo.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Nicola Miele

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/12 9548491334  
Date Daytime Phone #