

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

09 NOV -2 AM 9:13

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000084924**

**1. Corporation Name**

Aton-Univers Inc

W09-40250

**2. Principal Office Address - No P.O. Box #**  
1903 60th Place

**3. Mailing Office Address**  
1903 60th Place

Suite, Apt. #, etc.  
M3327

Suite, Apt. #, etc.  
M3327

City & State  
Bradenton, FL

City & State  
Bradenton, FL

Zip  
34203

Country

Zip  
34203

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida** 06/22/2006

**5. FEI Number**

☒ 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  
US AG 24, Inc

Street Address (P.O. Box Number is Not Acceptable)  
3001 Rocky Point Drive East

Suite, Apt. #, Etc.  
2nd Floor

City  
Tampa,

State  
FL

Zip Code  
33607

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Date 06/30/2009

REGISTERED AGENT MUST SIGN

**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	Michael O Schuett	3001 Rocky Point Drive East	Tampa, FL 33607

REINSTATEMENT

07-09

W. Williams NOV 2 - 2009

**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:**

Michael O. Schuett

06/30/2009

305 767 2040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #