

2007 FOR PROFIT CORPORATION REINSTATEMENT

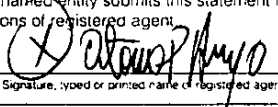
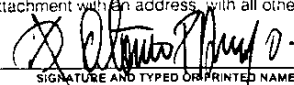
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07 OCT 16 AM 9:38

CLERK OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P06000116104					
1. Entity Name ATLANTIC INTER IMP. EXP. CORP.					
Principal Place of Business 7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141			Mailing Address 7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 6949 ABBOT AVE #14			Suite, Apt. #, etc. P.O. BOX 2205		
City & State MIAMI BEACH FL			City & State MIAMI BEACH FL		
Zip 33141		Country USA		Zip 33119	
				Country USA	
4. FEI Number 20-552 2783				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARAUJO, OCTAVIO P 7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6949 ABBOT AVE #14 City MIAMI BEACH FL Zip Code 33141	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 10/09/07 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ARAUJO, OCTAVIO P 7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6949 ABBOT AVE #14 MIAMI BEACH FL 33141 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV PENABAZ, MANUEL 7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6949 ABBOT AVE #14 MIAMI BEACH FL 33141 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	100110861461 10/16/07--01052--015 **\$150.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 				Date 10/9/07. Daytime Phone # 20 10/18	