2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
07 OCT 16 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000116104

1. Entity Name
ATLANTIC INTER IMP. EXP. CORP.

Principal Place of Business	Mailing Address
7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141	7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141

REINSTATEMENT 07
10092007 REINP GR2E098 (4/07)

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: 20-5522783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARAUJO, OCTAVIO P 7815 CRESPI BLVD APT 3 MIAMI BCH, FL 33141	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: [signature] 10/09/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Change ☐ Addition 6949 ABBOT AVE #14 MIAMI BEACH FL 33141
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	☐ Change ☐ Addition 6949 ABBOT AVE #14 MIAMI BEACH FL. 33141
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100111086461 10/16/07--01052--015 **150.00
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: [signature] 10/9/07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/10