PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

	PORATION STATEMENT	Secret	RTMENT OF STATE ary of State		10 MAY -6 PM 12: 28 SECRETARY OF STATE TALLAHASSEE, RLORIDA
DOCUMENT # PO+ 0000 49 777 1. Corporation Name					in the state of th
A.T. Plus OF Miami, INC					NSTATEMENTO'
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				05	800180473428 5/05/1001013018 **300.00
Suite, Apt. #,	2 NW 130 AUE	Suite, Apt. #, etc.	#, etc.		CR2E081 (12/08)
0.10			·········		rporated or Qualified siness in Florida
City & State	SKOKE PINES	City & State		5. FEI Numb	POSSION Applied For Not Applicable
^z	028 (Shou) Axio	Ζίρ	Country	8.	E OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent					
NEWZA CESARC Street Address (P.O. Box Number is Not Acceptable) 1102 NW 130 HJE				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.	
Suite, Apt. #, Etc.					
PEMBLOKE PINES State 3 3022					
Signature of Registered Agent Date Date					
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 Eac Officer and/or Directo			City / State / Zip
P 1	NEUZA GEA	1102 NW 130AVE		<u> </u>	1. Lus to 33028
	-m.				
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					X5/6
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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 illing 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 lees 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: 05/05/10 MIGNATURE AND TYPE OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR Dail Dayline Phone #					