PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2020 MAY 28 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15000015175

1. Corporation Name
ATG CORPORATION

300345450273
05/28/20--01011--019 **1385.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7211 NW 174 TERRACE	7211 NW 174 TERRACE
Suite, Apt. #, etc. APT 101	Suite, Apt. #, etc. APT 101
City & State HIALEAH, FL 33015	City & State HIALEAH, FL 33015
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida P15000015175

5. FEI Number [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED $5.00 Additional Fee required if a Certificate of Status is desired.

2020 MAY 28 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name: ALEX TREJO

Street Address (P.O. Box Number Is Not Acceptable): 7211 NW 174 TERRACE

Suite, Apt. #, Etc: APT 101

City: HIALEAH, State: FL Zip Code: 33015

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 _____

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	ALEX TREJO	7211 NW 174 TER., APT 101	HIALEAH, FL 33015

10. E-mail Address: _____
(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: _____ 05/27/2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MAY 2 9 2020