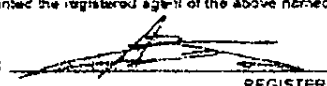
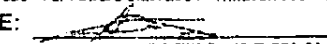


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2020 MAY 28 AM 8:21
SECRETARY OF STATE
HIALEAH, FLORIDA300345450273
05/28/20--01011--019 **1385.00

CR2E991 (11/10)

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

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P15000015175			
1. Corporation Name ATG CORPORATION			
2. Principal Office Address - No P.O. Box # 7211 NW 174 TERRACE		3. Mailing Office Address 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. FBI Number		Applied For ☐ Not Applicable	
6. CERTIFICATE OF STATUS DESIRED			
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 607.0305 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: 		Date: 05/27/2020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

MAY 28 2020