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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 95 98

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1998 JAN 29 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT #P94000034048

ATAZ, INC.
8250 N.W. 58th Street
Miami, Florida 33166

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number			6.
November 1994			FEI Number Applied For	$8.75 Additional Fee required for a Certificate of Status
		XX	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Jose Cardenas	8250 N.W. 58th Street	Miami, Florida 33166
V.P.	Fernando Padilla	8250 N.W. 58th Street	Miami, Florida 33166
Treas.	Javier de Regil	8250 N.W. 58th Street	Miami, Florida 33166

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***1200.00 ***1200.00

REINSTATEMENT 95 98 1/29/98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name: Javier de Regil

Street Address (Do NOT Use P.O. Box Number): 8250 N.W. 58th Street

Street Address (Do NOT Use P.O. Box Number):

City: Miami State: FL. Zip: 33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 1.28.98

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒XX (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director _____ Date 1.28.98 Daytime Phone # (305)371-4244