

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION
1997 FOR AR

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REMOVED
AND
FILED

1997 OCT 31 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000038661

1. Corporation Name
ATLAS OPERATIONS, INC.

Principal Place of Business
~~8528 N.E. 12TH AVE.~~
FT. LAUDERDALE FL 33334

Mailing Address
~~8528 N.E. 12TH AVE.~~
FT. LAUDERDALE FL 33334



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3570 N.E. 12th Ave. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 3570 NE 12th Ave. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/23/1994	
City & State		City & State		5. FEI Number 65-0493451 Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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
D	BARNI, GUSTAVO	2801 N. COURSE DR. #A203 1981 NE 34th Court	POMPANO BEACH FL 33069 Lighthouse Point, FL 33064
			400002349494--7 -11/17/97--01144--0008 ****165.00 ****165.00
			SCC 10-31-97

8. Name and Address of Current Registered Agent BARNI, GUSTAVO 2801 N. COURSE DR. #A203 POMPANO BEACH FL 33069		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) B 1981 NE 34th Court Suite, Apt. #, Etc. City Lighthouse Pointe State FL Zip Code 33064	
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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 *Gustavo Barni* Date **10/29/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: *Gustavo Barni* / **Gustavo Barni** Date **10/29/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E040 (8/97)

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ATLAS

OPERATIONS

3570 N.E. 12th. Ave. Fort Lauderdale, FL 33334

DIVISION OF CORPORATION
FLORIDA DEPARTMENT OF STATE
P.O. BOX 6327
TALLAHASSEE FL 32314

10/29/96

To whom it may concern:

Per discussion with agent at 850-487-6059 I was instructed to pay \$165 towards my corporation annual report.

I have not received any correspondence from your office, I would assume that it would have to be with us not being at either one of those addresses. Our new Address is on the document that you have for us # P94000038661. Thank you very much for waiving the reinstatement fee, the agent has brought to my attention that I must file on time regardless of receiving documentation from the State.

Sincerely,



Gustavo Barni