

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P99000045998

1. Corporation Name

ATLANTIC TRAINING CENTER, INC

REINSTATEMENT

01-03

300023549643

10/03/03--01069--031 **1058.75

2. Principal Office Address

6770 Indian Creek

3. Mailing Office Address

6770 Indian Creek

Suite, Apt. #, etc.

8M

Suite, Apt. #, etc.

8M

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/20/1994

5. FEI Number

650499384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mariela Arroyo

Street Address (P.O. Box Number is Not Acceptable)

5625 NW 125th Ave

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33076

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

REGISTERED AGENT MUST SIGN

Date

9/21/03

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
PD	Amparo Ventura-Traveset	6770 Indian Creek #8M	Miami Beach, FL 33141

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-27-03

Date

305-9847779

Daytime Phone #

CR2E081 (10/02)