

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC 21 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **94000056001**

1. Corporation Name

ATC American Trading Co., Inc.

2200 N 30th Rd.

same

2. Principal Office Address

2200 N 30th Rd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood, Fl

City & State

same

Zip

33021

Country

Zip

same

Country

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

07/28/94

5. FEI Number
65-0509123

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

Michael R. Emery, Esq

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

Suite, Apt. #, Etc.
Suite 2020

City

Ft. Lauderdale

State

FL

Zip Code

33394

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

Michael R. Emery
REGISTERED AGENT MUST SIGN

Date 12/20/04

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 |
|--------|--------------------------------------|---|---|
| | Jutta Barginda P/T/S | 2200 N 30th Rd., | Hollywood, Fl 33021 |
| | | | 000043562910 12/21/04--01064--007 **500.00 |
| | | | 000043562910 12/21/04--01064--008 **8.95 |
| | | | |
| | | | |

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:

Jutta Barginda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Barginda

12/16/04

Date

954-963-3270

Daytime Phone #

CR2E081 (01/04)