1500.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN -6 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000084286 (1)

1. Corporation Name

NORTH ATLANTIC GROUP, CORP.

W01-11346

REINSTATEMENT 96-01

2. Principal Office Address	**3.** Mailing Office Address
~~17021 N. BAY RD.~~ 1001 N. Federal Hwy	555 E. 25th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE # ~~716~~ 329	SUITE # 111
City & State ~~NORTH MIAMI BEACH FL.~~ HALLANDALE FL.	City & State HIALEAH FL.
Zip ~~33160~~ 33009 / Country USA	Zip 33013 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/17/94

5. FEI Number 65-0534881 ☐ 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
PRIETO, CESAR
Street Address (P.O. Box Number is Not Acceptable)
~~17021 N. BAY RD.~~
Suite, Apt. #, Etc.
#716
City
NORTH MIAMI BEACH
State FL
Zip Code 33160

RECEIVED
APR 20 AM 10:26
DEPT. OF REVENUE

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 _____ Date LS
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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/S/T	PRIETO, CESAR	17021 N. Bay Rd. # 716	NORTH MIAMI BEACH, FL. 33160
			800044013B--0
			-06/26/01--01002--022
			***1500.00 ***1500.00

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: CESAR PRIETO PRESIDENT 04/19/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #