

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



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

FILED

96 DEC -9 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000067664**

1. Corporation Name

A.T.A. OFFICE EQUIPMENT INC.

Principal Place of Business

13592 S.W. 38TH LANE
MIAMI FL 33175

Mailing Address

13592 S.W. 38TH LANE
MIAMI FL 33175



REINSTATEMENT

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/31/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0676136	
				Applied For	
				Not Applicable	
				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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	TRONCOSO, FRIXCIDO	13592 S.W. 38TH LANE	MIAMI FL 33175
O	ARROJO, Jose	13592 SW. 38TH LANE	MIAMI, FL. 33175
			100002026161--5 -12/11/96--01066--009 ***375.00 ***375.00

BB-10-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent			
ARROJO, JOSE 13592 S.W. 38TH LANE MIAMI FL 33175		Name TRONCOSO, Frixcido			
		Street Address (P.O. Box Number is Not Acceptable) 13592 SW 38TH LANE			
		Suite, Apt. #, Etc.			
		City MIAMI		State FL	Zip Code 33175

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: *Frixcido Troncoso* **SIGNATURE REQUIRED** Date: **10-1-96**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Frixcido Troncoso* **SIGNATURE REQUIRED** *Jose Arrojo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **10-1-96** (305) **383-2644**
Daytime Phone #

CR22040 (7/96)