

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000057818

1. Corporation Name

A.T.S. NET, INC.

Principal Place of Business

Mailing Address

8405 NORTHWEST 53 STREET, SUITE B202
MIAMI FL 33166

8405 NORTHWEST 53 STREET, SUITE B202
MIAMI FL 33166

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

1101 BRICKELL AVE

1101 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1101

1101

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

4. Date Incorporated or Qualified
To Do Business in Florida

07/10/1996

5. FEI Number

65-0677456

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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
PSTD	VIZCARRA, HUGO A	8405 NORTHWEST 53 STREET, SUITE	MIAMI FL 33166
DV	GUERRA, DVID	9212 SW 78	MIAMI FL

REINSTATEMENT

100002725661--8

-12/29/98--01099--015

758.75 **758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

305 445 2700

Name

ROLANDO RODRIGUEZ

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

7245 W 35 AVE

Suite, Apt. #, Etc.

City

HIALLAH

State
FL

Zip Code

33018

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

[Signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/15/98

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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/15/98

Daytime Phone #

305 577-9444

CR2E040 (9/98)