

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 30 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000062237**

1. Corporation Name

ATLAS VALET CORP.

Principal Place of Business

Mailing Address

**3210 SW 62 CT
MIAMI FL 33155**

**3210 SW 62 CT
MIAMI FL 33155**



2000 UBR

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

07/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0768317

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	NINO, AQUILES	3210 SW 62 CT	MIAMI FL 33155
D	NINO, JAVIER	3210 SW 62 CT	MIAMI FL 33155

000003483670--0
12/01/00-01087-011
*****150.00 ***150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**NINO, AQUILES
3210 SW 62 CT
MIAMI FL 33155**

Name

AQUILES NINO

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

3210 SW 62 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33155

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 **OCT. 25, 2000**

11. 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

NINO

10/25/00

Date

Daytime Phone #

305 665 7283

1000

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