

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P97000089070

1. Corporation Name

AMERICAN TELECOM INDUSTRIES, INC.

2. Principal Office Address  2240W Woolbright Rd Suite, Apt. #, etc. No. 401	3. Mailing Office Address  Suite, Apt. #, etc. P.O. Box 4586 4586
City & State  Boynton Beach FL	City & State  Hialeah, FL
Zip 33426	Country US

FILED  
01 APR 30 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800004194918-3  
-05/11/01--01018-009  
\*\*\*908.75 \*\*\*908.75

4. Date Incorporated or Qualified To Do Business in Florida	10/15/1997
5. FEI Number 650788096	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name

KNESKI, PETER

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

19 W FLAGLER ST. SUITE 807  
Suite, Apt. #, Etc.

City

MTAMT FL 33130

State  
FL

Zip Code  
33130

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

APRIL 27 2001

Date

REGISTERED AGENT MUST SIGN

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, VP, S	Mirtha Larios	P.O. Box 4586	Hialeah, FL.33014.

REINSTATEMENT 06-01

13

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:

Mirtha Larios.

April 26-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #