

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089070

1. Corporation Name

AMERICAN TELECOM INDUSTRIES, INC.

2. Principal Office Address

2240W Woolbright Rd

Suite, Apt. #, etc.

No. 401

City & State

Boynton Beach FL

Zip

33426

Country

US

3. Mailing Office Address:

Suite, Apt. #, etc.

4586

City & State

Hialeah, FL

Zip

33014

Country

US

**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 ☒

\$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

MIAMI 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mirtha Larios.

April 26-2001

Date

Daytime Phone #