

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

99 NOV 29 PM 3: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000011703**

1. Corporation Name

ATM INTERNATIONAL FREIGHT FORWARDERS, INC.

Principal Place of Business

Mailing Address

6122 NW 74 AVE.
MIAMI FL 33166

6122 NW 74 AVE.
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

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0816146

Not Applicable

Zip

Country

Zip

Country

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
PD	TORAL, ANTONIO	6122 N.W. 74 AVE.	MIAMI FL 33166
VD	ADAMES, MANUEL A	6122 N.W. 74 AVE.	MIAMI FL 33166
TD	MORALES, JOSE F	6122 N.W. 74 AVE.	MIAMI FL 33166
SD	MERCADO, ROULAN R	6122 N.W. 74 AVE.	MIAMI FL 33166
SD	TORAL, JOSE	6122 N.W. 74 AVE.	MIAMI FL 33166

8. Name and Address of Current Registered Agent

REINSTATEMENT

MERCADO, ROULAN R
6122 N.W. 74 AVE.
MIAMI FL 33166

Name

Jose Toral.

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

6122 NW 74 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date 10/26/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/99 305-463-0437