

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000007348**

1. Corporation Name

A TECH SOLUTIONS, INC.

2. Principal Office Address

7181 NE 8TH DR.

Suite, Apt. #, etc.

3. Mailing Office Address

7181 NE 8TH DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

Zip

33487

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/1999

5. FEI Number

650892052

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

BERNARD COLEMAN

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

7181 NE 8TH DR.

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code
33487

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

B. Coleman Pres

Date **9-28-04**

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	BERNARD R. COLEMAN	7181 NE 8TH DR.	BOCA RATON, FL 33487
			200041636952 10/06/04--01020--017 **450.00
			REINSTATEMENT 02-24

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:

B. Coleman Pres

BERNARD COLEMAN

9-28-04 361 4437187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)