

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**\*FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**07 FEB 23 AM 11:16**

DOCUMENT # P99000007348

1. Corporation Name

**A TECH SOLUTIONS, INC.**

100089572591  
02/27/07--01012--030 \*\*450.00

**REINSTATEMENT**

05-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
**7181 NE 8TH DRIVE**

Suite, Apt. #, etc.

3. Mailing Office Address  
**7181 NE 8TH DRIVE**

Suite, Apt. #, etc.

City & State  
**BOCA RATON FL**

City & State  
**BOCA RATON FL**

Zip  
**33487**

Country  
**US**

Zip  
**33487**

Country  
**US**

4. Date Incorporated or Qualified  
To Do Business in Florida **01/26/1999**

5. FEI Number **650892052**

Applied For  
Not Applicable

**7. Name and Address of Current Registered Agent**

Name  
**BERNARD R COLEMAN**

Street Address (P.O. Box Number is Not Acceptable)  
**7181 NE 8TH DRIVE**

Suite, Apt. #, Etc.

City  
**BOCA RATON**

State  
**FL**

Zip Code  
**33487**

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Bernard R Coleman* **BERNARD R COLEMAN**  
REGISTERED AGENT MUST SIGN

Date **2-19-2007**

**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 DRIVE	BOCA RATON FL 33487

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 contained in Chapter 119, 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: *Bernard R Coleman* **BERNARD R COLEMAN** 2-19-2007 561 443 7181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DATE: 2-19-2007

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FROM: A TECH SOLUTIONS, INC.  
BERNARD R COLEMAN

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORTS FOR 2005 AND 2006.

PLEASE FILE OUR ANNUAL REPORT AND WAIVE THE PENNALTU.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 561 443 7181.

THANKS,

 PRES  
A TECH SOLUTIONS, INC.  
BERNARD R COLEMAN