

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 4:02

DOCUMENT # **P 99 000010844**

1. Corporation Name

**Advanced Technological Training
Institute of U.S.A., Corp.**

600003491086--3
-12/07/00--01076--016
****750.00 ****750.00

2. Principal Office Address

13398 SW 128 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

Dade

3. Mailing Office Address

13398 SW 128 ST

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33186

Country

Dade

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/13/99

5. FEI Number

65-0924961

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

Suarez-Solis, Patricia

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

9808 SW 138 Avenue

Suite, Apt. #, Etc.

City

Miami, FL 33186

State

FL

Zip Code

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

PSuarez-Solis

Date

11/16/2000

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
PD	Suarez-Solis, Patricia	9808 SW 138 Avenue	Miami, FL 33186
VD	Gisbert, Maximilian	1855 SW 1 ST	Miami, FL 33135
SD	Rivero, Michael A.	4449 SW 136th Place	Miami, FL 33175
TD	Armengol, Maria	10640 SW 99 ST	Miami, FL 33176

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:

PSuarez-Solis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/2000

Daytime Phone #

CP2E081 (9/99)