

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

01 FEB -5 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000063619

Incorporation Name

ATM. AUTO INC.

Principal Place of Business

Mailing Address

9355 LISTOW TER
BOYNTON BEACH FL 33437

9355 LISTOW TER
BOYNTON BEACH FL 33437



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

07/16/1999

5. Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

Country

Zip

Country

6. 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)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	VARANO, ANTHONY H JR	9355 LISTOW TER	BOYNTON BEACH FL 33437
	VARANO, THERESA	9355 LISTOW TER	BOYNTON BEACH FL 33437
D	YASSINE, MAHMOUD	4615 MAINE ST	LAKE WORTH FL 33461

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VARANO, ANTHONY H JR
9355 LISTOW TER
BOYNTON BEACH FL 33437

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED

Date 1-22-01

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-01

Date

Daytime Phone #

CR2040 (800)

KATTOURA & ASSOCIATES, INC.
ACCOUNTING, BOOKKEEPING & TAX SERVICES

2062

One S. Ocean Blvd. #315
Boca Raton, FL 33432
TEL: (561) 362-0491

P.O. Box 728
Boca Raton, FL 33429
FAX: (561) 394-5134

National Society of Tax Professional

January 23, 2001

Division of Corporation
P.O. ox 1500
Tallahassee, FL 32302-1500

Ref: A.T.M Auto , Inc.
Annual report P99000063619

Dear Sirs,

The above referenced corporation has never received any notices before at all. We are enclosing a report and a check in the amount of \$300.00 for 2000 and 2001. Please accept this annual report as reinstatement.

Thank you for your cooperation in this matter.

If you have any further questions, please do not hesitate to contact us.

Sincerely yours,


Andre K Kattoura