

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

09 APR - 1 PM 1:06

DOCUMENT # P99000097875

1. Corporation Name

ATI GROUP, INC.

2. Principal Office Address - No P.O. Box #

13308 Amber Sky Place

Suite, Apt. #, etc.

City & State

Riverview, FL

Zip

33579

Country

US

3. Mailing Office Address

P.O. Box 2233

Suite, Apt. #, etc.

City & State

Mango, FL

Zip

33550-2233

Country

US

600148290346
04/01/09--01034--005 **300.00

02-19/08 CR2E081 (12/08)
61032 014 150

4. Date Incorporated or Qualified
To Do Business in Florida **11-04-1999**

5. FEI Number
65-0962173

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

Earlene Joseph

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

13308 Amber Sky Place

Suite, Apt. #, Etc.

City

Riverview

State

FL

Zip Code

33579

☒ 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

REGISTERED AGENT MUST SIGN

Date **March 25, 2009**

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 | Earlene Joseph | 13308 Amber Sky Place | Riverview, FL 33579 |
| SD | Earlene Joseph | 13308 Amber Sky Place | Riverview, FL 33579 |
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REINSTATEMENT

07-07
B2 4/3/09

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:

EARLENE JOSEPH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 25, 2009 (954) 801-5238

Date

Daytime Phone #