

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P99000097875**

1. Corporation Name

**ATI GROUP, INC.**

Principal Place of Business

3820 SW 52ND AVE  
HOLLYWOOD FL 33023  
US

Mailing Address

3820 SW 52ND AVE  
HOLLYWOOD FL 33023  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*P-0-Box 3823*

City & State

City & State

*Hollywood, FL*

Zip

Zip *33083* Country *US*

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JOSEPH, EARLENE	3820 SW 52ND AV	HOLLYWOOD FL 33023
SD	JOSEPH, EARLENE	3820 SW 52ND AVE	HOLLYWOOD FL 33023

*900025339679  
12/09/03--D1017--012 \*\*150.00*

8. Name and Address of Current Registered Agent

JOSEPH, EARLENE  
3820 SW 52ND AVE.  
HOLLYWOOD FL 33023

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State **FL** Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Earlene Joseph*

REGISTERED AGENT MUST SIGN

Date

*11/26/03*

11. 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

*Earlene Joseph*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*11/26/03 954-815-2338*

ATI Group, Inc.  
P.O. Box 3823  
Hollywood, FL 33083-3823

November 26, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to advise you that no Uniform Business Report notices were received on behalf of this company, and I am hereby requesting that the reinstatement fee be waived. The filing fee without penalty, in the amount of One Hundred Fifty Dollars (\$150.00) is included in this correspondence.

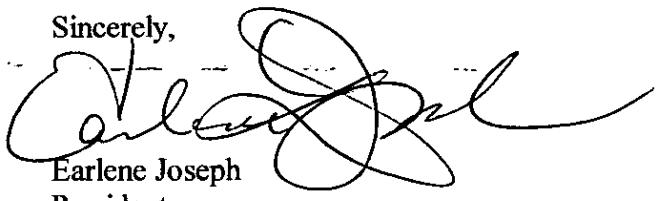
Additionally, all future correspondences should be mailed to:

ATI Group, Inc.  
P.O. Box 3823  
Hollywood, FL 33083-3823

Please feel free to contact me directly should you have any questions. I am available at 954-801-5238 from 8am – 5pm.

Thank you in advance for your assistance in this matter.

Sincerely,



Earlene Joseph  
President