


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

0002126 AM 9:30

DOCUMENT # P99000108100

1. Corporation Name

ATLAS DESIGNS, INC.

Principal Place of Business

Mailing Address

231 8 STREET
MIAMI BEACH FL 33139

231 8 STREET
MIAMI BEACH FL 33139

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1999

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 Filing Date
PD	OMORES, GISELE	900 SOUTH SHORE DRIVE	MIAMI BEACH FL 33141
VD	OMORES, ERIC	900 SOUTH SHORE DRIVE	MIAMI BEACH FL 33141
SD	BENSOUSAN, ALAIN	4646 MERIDIAN AVE.	MIAMI BEACH FL 33140
VD	PALANQUE GARY	3695 Stewart Avenue	Miami FL 33133
SD	OMORES ERIC	900 South Shore Drive	Miami Beach FL 33141

8. Name and Address of Current Registered Agent

STEINBERG, PAUL B
767 ARTHUR GODFREY ROAD
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Date

10/23/00

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

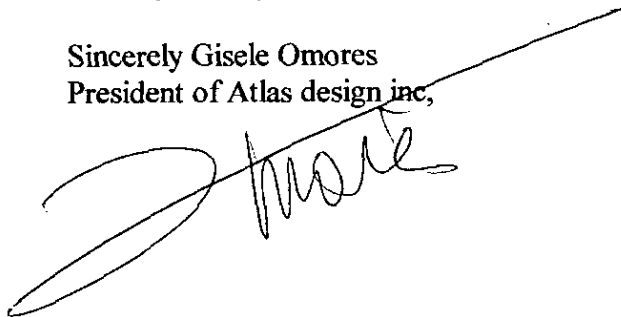
From Atlas design Inc,

Doc # P99000108100

We are surprised to receive the notice of administrative dissolution, since we have not received the 2000 annual report/uniform business report with the fee to pay \$150. Please be aware that this is the first time we opened a firm and that we are not yet familiarized with all the procedures. Please be ensure that if we knew we would of take the first step in order not to be delinquent.

Thank you for your understanding.

Sincerely Gisele Omores
President of Atlas design inc,

A handwritten signature in black ink, appearing to read 'Gisele Omores', is written over a diagonal line that extends from the signature area towards the right side of the page.