

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108100

1. Corporation Name

ATLAS DESIGNS ,INC. C/O IRA BARAZ

3300 NORTH 29TH AVE
3300 NORTH 29TH AVENUE

2. Principal Office Address

3300 NORTH 29TH AVE

3. Mailing Office Address

3300 NORTH 29TH AVENUE

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

HOLLYWOOD

City & State

FLORIDA 33020

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

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

12-15-1999

5. FEI Number

65-1059499

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

500040646195
08/30/04--01079--009 **450.00

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

PAUL STEINBERG

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

767 ARTHUR GODFREY ROAD

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33140

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

Date

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
PRES	ERIC OMORES	3300 NORTH 29TH AVENUE # 102	HOLLYWOOD FL 33020

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)(l), 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 #

8/24/04

CR2E081 (01/04)

ACCOUNTING OFFICES
IRABARAZ
SUITE 14
16463 NORTHEAST 27TH PLACE
NORTH MIAMI BEACH, FLORIDA 33160
TELEPHONE (305) 945-4653
FAX (305) 947-1041

AUGUST 20 2004

RE: ATLAS DESIGNS INC.

DOCUMENT # P9000108100.

TO WHOM IT MAY CONCERN:

ENCLOSED IS THE REINSTATEMENT FORM FOR 2004 FOR ATLAS DESIGN INC.
PLEASE ABATE ALL PENALTIES SINCE THE CORPORATION HAS MOVED AND
HAS NEVER RECEIVED ANNUAL REPORTS FOR THE YEARS 2002 2003 AND 2004
PAYING A REINSTATEMENT FEE WILL BE A HARDSHIP FOR THIS CORPORATION
SINCE IT HAS MINIMAL ASSETS. AS YOU CAN SEE THE REINSTATEMENT
FORM RELECTS THE CORRECT ADDRESS.

THANK YOU FOR YOUR COOPERATION ON THIS MATTER.


IRA BARAZ, ACCOUNTANT