

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S10242**

1. Corporation Name

**ATLAS TELECOMMUNICATIONS, INC.**

Principal Place of Business

4910 DYER BLVD.  
WEST PALM BEACH FL 33407

Mailing Address

4910 DYER BLVD.  
WEST PALM BEACH FL 33407

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

**REINSTATEMENT**

**03**

4. Date Incorporated or Qualified  
To Do Business in Florida

11/01/1990

5. FEI Number

65-0263297

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CHARNOUBI, SAMI	711 N.E. 6TH STREET	BOCA RATON FL 33432
S	HOLLIFIELD, KYLE	1015 DEL HARBOR DR.	DELRAY BEACH FL 33483

*10/29*

200024059992  
10/24/03--01011--010 \*\*8.75

600024060016  
10/24/03--01011--011 \*\*150.00

8. Name and Address of Current Registered Agent

SABERSON, ROGER, P.A.  
70 S.E. 4TH AVENUE  
DELRAY BEACH FL 33483

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

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*10/21/03*

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:

*SAMI CHARNOUBI*

*10-17-2003*

*(561) 840 0636*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

October 17, 2003

TO: Florida Department of State  
Division of Corporations

From: Atlas Telecommunications, Inc.  
4910 Dyer Blvd.  
W.P.B. FL, 33407  
FEI 65-0263297

Dear Sir,

I, the undersigned S. Charnoubi, an officer of the corporation, certify that the corporation did not receive the two prior uniform business report notices. Therefore I would respectfully request you to reinstate the corporation and waive the reinstatement fee penalty.

Thank you.

S. Charnoubi  
President

Tel: 561 840 0636

