

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 AM 9:32

DOCUMENT #

514821

1. Corporation Name

ALTA INVESTMENTS, INC.

500004717475--5
-12/10/01--01114--012
****750.00 ****750.00

2. Principal Office Address

2151 LeJeune ROAD

Suite, Apt. #, etc.

310

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

3. Mailing Office Address

2151 LeJeune ROAD

Suite, Apt. #, etc.

310

City & State

CORAL GABLES, FL

Zip

33134

Country

U.S.A.

REINSTATEMENT 01

07-17-00 90009 021 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0355524

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

OSVALDO N. SOTO

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

2151 LeJeune ROAD.

Suite, Apt. #, Etc.

310

City

CORAL GABLES

State

FL

Zip Code

33134

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

11-21-01

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
--------	--------------------------------------	---	--------------------

President & Director	Osvaldo N. Soto	2151 LeJeune Rd, Suite 310	Coral Gables, FL 33134

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)(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 #

11-21-01 305-5670010

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.

1. The name of the corporation : ATA INVESTMENTS, INC.
2. The mailing address of the corporation : 2151 LeJeune Road, Suite 310
CORAL GABLES, FL 33134
3. Date of incorporation/qualification: 11/28/1990 Document number: 65-0355324
4. The name and address of the current registered agent and office:

SILVIA Caviglia
2151 LeJeune Rd, Suite 310
CORAL GABLES, FL 33134

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

OSVALDO N. SOTO
2151 LeJeune Road, Suite 310
CORAL GABLES, FL 33134

The street address of its registered office and the street address of the business office of its registered
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

11-21-01
(Date)

Osvaldo N. Soto, Pres.-Sec.-Treas.
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent.

[Signature]
(Signature of Registered Agent)

11-21-01
(Date)

If signing on behalf of an entity:

Osvaldo N. Soto Pres. + Sec. + Treas.
(Typed or Printed Name) (Capacity)

*** FILING FEE: \$35.00 ***