

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 17 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600080932176

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026743

1. Limited Liability Company's Name

Atlantis Development Group, LLC

BRK
05

2. Principal Office Address 132 S Grandview Ave.		3. Mailing Office Address 132 S Grandview Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Daytona Beach, FL		City & State Daytona Beach, FL	
Zip 32118	Country USA	Zip 32118	Country USA

State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 7/16/2003	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent

Name
David Hoffman

Street Address (P.O. Box Number is Not Acceptable)
132 S. Grandview Ave.

Suite, Apt. #, Etc.

City
Daytona Beach, FL

State
FL

Zip Code
32118

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *s/ David Hoffman* Date *9/28/06*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Heidi Rosenbaum	132 S. Grandview Ave.	Daytona Beach, FL 32118
MGR	David Hoffman	132 S. Grandview Ave.	Daytona Beach, FL 32118

REINSTATEMENT 2005-2006

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *s/ David Hoffman* Date *9/28/06* Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____

L03000026743

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 N. DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10-17-06

NAME: ATLANTIS DEVELOPMENT GROUP, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$100 + \$100= \$200

BK

RECEIVED
06 OCT 17 PM 3:39
TALLAHASSEE
FLORIDA

RETURN:

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE PAUL HODGE


