2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000091353

Address:

City-St-Zip:

151 CRANDON BLVD. #533

KEY BISCAYNE, FL 33149

Entity Name: ATLANTIC HOTELS CONSULTING, LLC

FILED Jun 28, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
1111 BRICKELL AVE. SUITE #1100 MIAMI, FL 33131		3505 S. OCEAN DRIVE SUITE # 1001 HOLLYWOOD, FL 33019 US		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
1111 BRICKELL AVE. SUITE #1100 MIAMI, FL 33131		3505 S. OCEAN DRIVE SUITE # 1001 HOLLYWOOD, FL 33019 US	SUITE # 1001	
	: FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the limited liability cor I Address of Current Registered Agent:		Status Desired() ed Agent:	
PORRO, CARLOS R 1111 BRICKELL AVE. SUITE #1100 MIAMI, FL 33131 US		PORRO, CARLOS R 151 CRANDON BLVD SUITE # 533 KEY BISCAYNE, FL 33149 US	151 CRÁNDON BLVD SUITE # 533	
	named entity submits this statement for the $\mbox{\scriptsize }$ e of Florida.	urpose of changing its registered office or registe	ered agent, or both	
SIGNATUI	RE: CARLOS R. PORRO	06/28/	2006	
	Electronic Signature of Registered Ag	nt Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete RIVAS, MOISES 3505 S. OCEAN DR. SUITE #100 HOLLYWOOD, FL 33019	Title: () Change () Add Name: Address: City-St-Zip:	dition	
Title: Name: Address: City-St-Zip:	MGR () Delete OPPENHEIM, ROLF 4076 STAGHORN LANE WESTON, FL 33331	Title: () Change () Add Name: Address: City-St-Zip:	dition	
Title: Name: Address: City-St-Zip:	MGR () Delete CONTRERAS, OSCAR E 700 WEST EXRESSWAY 83 MC ALLEN, TX 18507	Title: () Change () Add Name: Address: City-St-Zip:	dition	
Title: Name:	MGR () Delete PORRO, CARLOS R	Title: () Change () Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: MOISES RIVAS 06/28/2006