

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
OCT 24 PM 11:02

*m*

DOCUMENT #

L99/4404

1. Limited Liability Company's Name

ATLAS OIL FLORIDA, L.C.

2. Principal Office Address

21246-C CLUBSIDE DR

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

7/20/99

City & State

BOCA RATON, FL

City & State

1

Zip

33434

Country

PALM BEACH

Zip

Country

6. FEI Number

22 366 9714

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$3.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

BURTON EISENBUD

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

21246-C CLUBSIDE DR.

Suite, Apt. #, Etc.

300003459383-7

-11/09/00-01099-018

\*\*\*150.00 \*\*\*150.00

City

BOCA RATON

State

FL

Zip Code

33434

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

*Burton Eisenbud*  
REGISTERED AGENT MUST SIGN

Date

**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
MGRM	BURTON EISENBUD	21246-C CLUBSIDE DR.	BOCA RATON, FL 33434

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 608.406, 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

*Burton Eisenbud*

Date

10/13/00

Daytime Phone #

561-451-2812

Typed or printed name of signing Managing Member/Manager

BURTON EISENBUD