

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

REINSTATEMENT 2001

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004404

1. Limited Liability Company's Name

ATLAS OIL FLORIDA, LC.

2. Principal Office Address

21246-C CLUBSIDE DR

Suite, Apt. #, etc.

City & State

BOCA RATON FLORIDA

Zip Country

33434 USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

FLORIDA

Zip Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

7/24/99

6. FEI Number

22 3669714

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required
for a Certificate of Status

B. Name and Address of Current Registered Agent

Name

BURTON EISENBUD

000004661530-8

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

21246-C CLUBSIDE DR.

-10/31/01-01075-012

***150.00 ***150.00

Suite, Apt. #, Etc.

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
<u>MEMBER</u>	<u>BURTON EISENBUD</u>	<u>21246-C CLUBSIDE DR.</u>	<u>BOCA RATON, FL 33434</u>

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

10/19/01

Daytime Phone #

561-451-2812

Typed or printed name of signing Managing Member/Manager

BURTON EISENBUD

CR2E041 (9/01)