

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -7 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000010397

1. Limited Liability Company's Name

ATLANTIC REAL ESTATE INVESTMENTS, LLC

2. Principal Office Address

9725 NAPOLI WOODS LN.

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip

33446

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

06/27/2001

6. FEI Number

20-1672839

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MALHOTRA, THRITY

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

9725 NAPOLI WOODS LN.

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33446

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

X Thrity Malhotra

Date

9/28/04

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
MEM	MALHOTRA, THRITY	9725 NAPOLI WOODS LN.	DELRAY BEACH FL 33446
MEM	MALHOTRA, CYRUS	9725 NAPOLI WOODS LN.	DELRAY BEACH FL 33446
REINSTATEMENT		62-04 <u>QR</u>	900041669499 10/07/04--01044--005 **255.00

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

X Thrity Malhotra

Date

9/28/04

Daytime Phone#

(561) 368-7627

Typed or printed name of signing Managing Member/Manager

MALHOTRA, THRITY

CR2E041 (10/02)