2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# L07000106417

Entity Name: ATN ONE LLC

Current Principal Place of Business:

15912 SW 92 AVE
PALMETTO BAY, FL 33157

New Principal Place of Business:

Current Mailing Address:

15912 SW 92 AVE
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 65-0260416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SONTAG, MICHAEL W
15912 SW 92 AVE.
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL W SONTAG FOR MSONE

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ARTILES, AIMEE N
Address: 8392 SW 165 TERRACE
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGR ( ) Delete
Name: SONTAG, NOELLE
Address: 15912 SW 92 AVE.
City-St-Zip: PALMETTO BAY, FL 33157

Title: MGR ( ) Delete
Name: SONTAG, LOUIS T
Address: 42 A ASH AVENUE
City-St-Zip: SAN ANSELMO, CA 94960

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: NOELLE SONTAG V PR 11/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date