

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034053

Name and Mailing Address

0005778 01 AT 0.292 **AUTO T3 0 0615 33129-123303



ATLANTIS ADVISORS L.C.
1581 BRICKELL AVENUE, APARTMENT 403
MIAMI FL 33129-1233



2. New Mailing Address

City, State, Zip

Principal Place of Business

1581 BRICKELL AVENUE, APARTMENT 403
MIAMI FL 33129

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

12/18/2002

6. FEI Number

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

INTERNATIONAL REGISTERED AGENTS CORP
338 MINORCA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)

700024341927
10/31/03-01093-003-**-150-00

City

FL

Zip Code

10. 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

Mercedes A. De Vieri
REGISTERED AGENT MUST SIGN

Date 10-28-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DE VIERI, MERCEDES A	1581 BRICKELL AVENUE, APARTMENT 403	MIAMI FL 33129

REINSTATEMENT

03
Oct

12. 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 provided 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

Mercedes A. De Vieri
SIGNATURE REQUIRED

Date 10-28-03

Daytime Phone (305) 860-8595

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)