

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A01000000878

1. Entity Name
ATLANTIS HOTEL GROUP, LTD.



FILED
2005 FEB -9 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1401 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

Mailing Address
1401 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01312005 REIN-LP CR2E100 (6/04)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
59-3747701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NEMESIS HOTEL MANAGEMENT, LLC
1401 ATLANTIC BLVD.
NEPTUNE BEACH, FL 32266

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ali Canip Ozkul*
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L01000000672
NAME NEMESIS HOTEL MANAGEMENT, LLC
STREET ADDRESS 1401 ATLANTIC BLVD.
CITY-ST-ZIP NEPTUNE BEACH, FL 32266

DOCUMENT #
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NAME
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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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02/14/05--01104--003 **1052.50

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Ali Canip Ozkul* 01/31/2005 9042492777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #