

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-4116
ATOM Holdings, L.L.C.

300004717669--9

-12/10/01--01119--023

****150.00 ****150.00

2. Principal Office Address

1920 East Hallandale

Suite, Apt. #, etc.

616

City & State

Hallandale, FL

Zip

33009

Country

U.S.A

3. Mailing Office Address

1920 East Hallandale

Suite, Apt. #, etc.

616

City & State

Hallandale, FL

Zip

33009

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

04/15/00

6. FEI Number

65-0997965

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Mark Perlman PA

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

1820 E. Hallandale Beach Blvd

Suite, Apt. #, Etc.

City

Hallandale

State

FL

Zip Code

33009

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/16/01

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
MGRM	Thomas Fowles	200 Leslie Drive #916	Hallandale, FL 33009
MGR	Anna Vezina	17,801 North Bay Road #405 Sunny Isles #13260	Sunny Isles, FL 33160

REINSTATEMENT

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 608.408, 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

[Signature]

Date

10-16-01 Daytime Phone # 954-558-1038

Typed or printed name of signing Managing Member/Manager

Tom Fowles