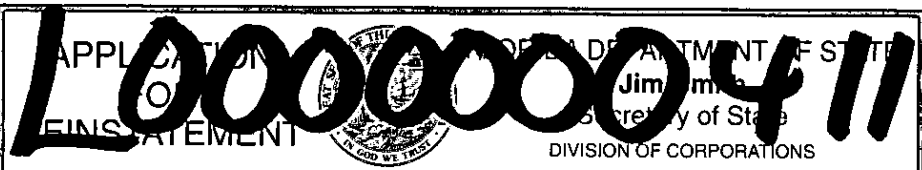


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV -6 PM 4:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000004116

Name and Mailing Address

0000998 01 FP 0.352 \*\*PRSRT T4 0 0615 33009-472466  
ATOM HOLDINGS, L.L.C.  
1920 E. HALLANDALE BEACH BLVD.  
SUITE 616  
HALLANDALE BEACH FL 33009-4724



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/11/2000	
Principal Place of Business 1920 E. HALLANDALE BEACH BLVD. SUITE 616 HALLANDALE BEACH FL 33009	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0997965	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MARK PERLMAN, PA 1820 E. HALLANDALE BEACH BLVD. HALLANDALE BEACH FL 33009	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *Mark Perlmán* Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

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
MGRM	FOWKES, THOMAS	200 LESLIE DRIVE #916	HALLANDALE FL 33009
MGR	VEZINA, ANDRE	17,801 NORTH BAY ROAD #405	SUNNY ISLES FL 33180
REINSTATEMENT 02/Dec			
600008831446 11/06/02--01085--006 **150.00			

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 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 *Andre Vezina* Date *02/24/2002* Daytime Phone # *954-459-4967*

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)