

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000012380

1. DOCUMENT # L00000012380

Name and Mailing Address

0012049 01 AT 0.292 **AUTO T4 0 0615 33426-938502

ATLANTIC TECH SYSTEMS, L.L.C.

161 COMMERCE ROAD, UNIT 2

BOYNTON BEACH FL 33426-9385

04 FEB 24 AM 10:13

LLO 3/10/04



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/11/2000	
Principal Place of Business 161 COMMERCE ROAD, UNIT 2 BOYNTON BEACH FL 33426		6. FEI Number 65-1045234	
3. New Principal Place of Business Address City, State, Zip		Applied For Not Applicable	
8. Name and Address of Current Registered Agent KENNEDY, BEN S JR, ESQ 399 W. PALMETTO PARK RD., #106 BOCA RATON FL 33432		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: BRAD L Fisher Street Address: 2716 NW 37th St. Boca Raton, FL 33434 City: Boca Raton, FL Zip Code: 33434			
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: [Signature] DATE: 2/13/04 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
TEVP	FISHER, BRAD L	2716 N.W. 37TH STREET	BOCA RATON FL 33426
TEVP	VONDORRE, MIKE L	5875 S.W. RIVERWAY BLVD.	PALM CITY FL 34890
PLEASE REMOVE MIKE VON DOHRE, NO LONGER WORKS HERE.		800029304208 02/24/04--01036--008--**200.00	
REINSTATEMENT		2003- 2004	
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: [Signature]		Date: 2/13/04 Daytime Phone #: 561-886-1516	
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)