

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 FEB -8 AM 8:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000014368

1. Limited Liability Company's Name

Atlantis LLC

2. Principal Office Address

960 Biarritz Drive

Suite, Apt. #, etc.

Apartment 14

City & State

Miami Beach, Florida

Zip

33141

Country

USA

3. Mailing Office Address

960 Biarritz Drive

Suite, Apt. #, etc.

Apartment 14

City & State

Miami Beach, Florida

Zip

33141

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

11/21/2000

6. FEI Number

65-1056058

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

Name

Alvaro Castillo B., P.A.

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

1390 Brickell Avenue.

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date *2-5-02*

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
<i>MGR</i>	<i>Biarritz Apartment Corp.</i>	<i>6538 Collins Avenue, PMB 270</i>	<i>Miami Beach, FL 33141</i>

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 608.406, 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

Date *6 Feb 02* Daytime Phone #

Typed or printed name of signing Managing Member/Manager *Karl Huger, President Biarritz Apt. Corp.*

CR2E041 (9/00)