
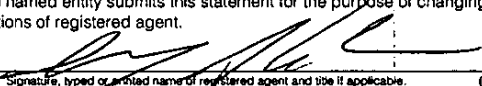
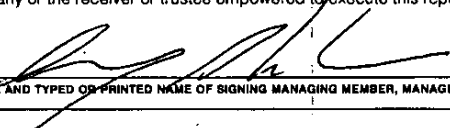


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7. AM 8:12

DOCUMENT # L01000000328 1. Entity Name ATLANTIC ANTIQUES, LLC					
Principal Place of Business 112 RIVERBLUFF DRIVE ORMOND BEACH, FL 32174			Mailing Address 112 RIVERBLUFF DRIVE ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01272005 REIN-LLC CR2E101 (6/04)	
Zip		Country		4. FEI Number 59-3690350	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIELDS, GARY N DPM 290 N. CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174				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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	P <input type="checkbox"/> Delete	TITLE	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHIELDS, CARY	NAME	04-05		
STREET ADDRESS	112 RIVER BLUFF DR	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUST, JAMES	NAME			
STREET ADDRESS	290 CLYDE MORRIS BLVD	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHEILDS, ALBERTA	NAME			
STREET ADDRESS	112 RIVER BLUFF DR	STREET ADDRESS			
CITY-ST-ZIP	ORMOND BEACH, FL 32174	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	