

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

2005 OCT 17 P 4: 59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

*L01000002085*

**1. Limited Liability Company's Name**

AMERICAN TECHNOLOGY PARTNERS, L.L.C.

**2. Principal Office Address**

813 30TH Street

Suite, Apt. #, etc.

City & State

Marathon, Florida

Zip

33050

Country

USA

**3. Mailing Office Address**

Post Office Box 50130

Suite, Apt. #, etc.

City & State

Marathon, Florida

Zip

33050

Country

USA

**4. State/Country of Formation**

Florida

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

02/07/2001

**6. FEI Number**

☒ 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

Corporate Creations Network Inc.

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

11380 Prosperity Farms Road Suite 221E

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

**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

7/18/05

**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
MgMbr	Thomar, L.L.C.	100 Tower Drive, Suite 501	Daphne, Alabama 36526

4000050688904  
10/17/05--01073--005 \*\*300.00

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**REINSTATEMENT**

02-05

**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

*Joseph R. Thomas*

Date 7/14/2005

Daytime Phone # 251-432-1854

Typed or printed name of signing Managing Member/Manager Thomar, L.L.C., by Joseph Thomas, its member

CR2E041 (10/02)