

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 11 AM 10:31

12/13

1. DOCUMENT # L01000003217

Name and Mailing Address

0003440 01 FP 0.352 **PRSR T1 0 0615 33321-635201



ATLANTIS PRODUCTIONS, LLC.
6001 RED PLUM CT
TAMARAC FL 33321-6352



REINSTATEMENT

2002

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 6001 RED PLUM CT TAMARAC FL 33321		5. Date Organized or Qualified To Do Business in Florida 02/28/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-1086951	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent WILHITE, TODD D 6001 RED PLUM CT TAMARAC FL 33321		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 000009472260 12/11/02--01061--004 **155.00 City FL Zip Code	
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 <i>Todd D Wilhite</i> Date 12/1/02 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	WILHITE, TODD D	6001 RED PLUM CT	TAMARAC FL 33321
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 <i>Todd D Wilhite</i> Date 12/1/02 Daytime Phone # 954.724.7732			