

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000004229

1. Limited Liability Company's Name

Atlantis Development LLC

2. Principal Office Address - No P.O. Box #

125 Parc du Chateau Court

3. Mailing Office Address

c/o Jeffrey D. Cunningham

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1545 Peachtree St., NE, Ste. 700

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30327

Country

USA

Zip

30309

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

03/19/2001

6. FEI Number

45-1106773

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
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive

Suite, Apt. #, Etc.

Suite A

City
Tallahassee

State
FL

Zip Code
32301

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Boyle Wendle, asst sec
REGISTERED AGENT MUST SIGN

Date **12-26-2007**

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
MGMR	Frank Callaway	14 Ball Mill Place	Atlanta, GA 30350
MGMR	Suzanne Callaway	14 Ball Mill Place	Atlanta, GA 30350
MGMR	Pate Bailey, Jr.	125 Parc du Chateau Court	Atlanta, GA 30327
REINSTATEMENT 2006-2007			
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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

Frank F. Callaway

Date **12/21/07**

Daytime Phone # **770-331-3471**

Typed or printed name of signing Managing Member/Manager

Frank F. Callaway