

PLEASE READ AND INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

03 APR 21 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** L01000004637

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

ATLANTIC PREPAID WHOLESALE, LLC

400016378974

04/21/03--01035--032 \*\*205.00

4/21 8002-2003

**2. Principal Office Address**

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

**3. Mailing Office Address**

1215 W. NEWPORT CTR DR

Suite, Apt. #, etc.

**City & State**

DEERFIELD BEACH, FL

**City & State**

DEERFIELD BEACH, FL

**Zip**

33442

**Country**

BROWARD

**Zip**

33442

**Country**

BROWARD

**4. State/Country of Formation**

FL

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

3/22/2001

**6. FEI Number**

65-1088892

**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**

MARKATIA MOHAMMED A

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

1215 W. NEWPORT CTR DR

Suite, Apt. #, Etc.

**City**

DEERFIELD BEACH

**State**

FL

**Zip Code**

33442

**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**

M. A. Markatia  
REGISTERED AGENT MUST SIGN

**Date** 4.14.3

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<u>CEO</u>	<u>MARKATIA, M. A.</u>	<u>1215 W. NEWPORT CTR DR</u>	<u>DEERFIELD BEACH FL 33442</u>

**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**

M. A. Markatia

**Date** 4.14.3

**Daytime Phone #** 954-418-8620

**Typed or printed name of signing Managing Member/Manager**