

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 31 A 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014752

1. Limited Liability Company's Name

ATLAST Financial Services, LLC

700023664857
10/09/03--01040--004 **150.00

2. Principal Office Address

333 Jacksonville Drive

Suite, Apt. #, etc.

City & State

Jacksonville Beach

Zip

32250

Country

Duval

3. Mailing Office Address

333 Jacksonville Drive

Suite, Apt. #, etc.

City & State

Jacksonville Beach

Zip

32250

Country

Duval

4. State/Country of Formation

Florida Duval

5. Date Organized or Qualified
To Do Business in Florida

08/24/01

6. FEI Number

59-3741101

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

Richard Corporate Creations Network, Inc

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

941 Fourth Street #200

Suite, Apt. #, Etc.

City

Miami Beach FL 33139

State

FL

Zip Code

33139

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

Elena S. Davila

Elena S. Davila, Asst. Secretary Date 3/3/04

REGISTERED AGENT MUST SIGN

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
MGRM	Campavaro, Richard G	10 meadowview Ave	Linwood, NJ 08221
MGRM	Campavaro, Richard W	333 Jacksonville Drive	Jacksonville Beach FL 32250

REINSTATEMENT

03 04
dec

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

[Signature]

Date

10/2/03

Daytime Phone #

904 246 3458

Typed or printed name of signing Managing Member/Manager