

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JAN 10 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015031

1. Limited Liability Company's Name

Atlantis Holdings LLC

BK

CR2E041 (1/07)

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

14 Ball Mill Place

Suite, Apt. #, etc.

3. Mailing Office Address

14 Ball Mill Place

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30350

Country

USA

Zip

30350

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/31/01

6. FEI Number

20-1011913

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

Bayle 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
MGRM	Frank F. Callaway	14 Ball Mill Place	Atlanta, GA 30350
MGRM	Suzanne S. Callaway	14 Ball Mill Place	Atlanta, GA 30350
			100115395161 01/17/08--01027--010 **205.00
			REINSTATEMENT 2006-2007

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