

L01U00015031

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

1. Limited Liability Company's Name

09
THE Original Atlantis Holdings LLC
c/o Alley, Maass, Rogers & Lindsay, P.A.

100184710101

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 340 Royal Poinciana Way		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 321		Suite, Apt. #, etc. Suite 321	
City & State PALM BEACH, FL		City & State PALM BEACH, FL	
Zip 33480	Country USA	Zip 33480	Country USA

4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number	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 ALLEY, Maass, Rogers & Lindsay P.A.	
Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way	
Suite, Apt. #, Etc. Suite 321	
City PALM BEACH	State FL
Zip Code 33480	

B/L

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.	
Signature of Registered Agent [Signature]	Date 8/25/2010
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
man.	F. F. CALLAWAY	382 THE CHACE	ATLANTA, GA 30328
mem.	JENNIFER C. GARLOW	2547 Pangborn Circle	Decatur, GA, 30032
REINSTATEMENT 2009-2010			

11. Email Address: N/A	
(To be used for future annual report notifications)	
12. I certify that I am managing member/manager or the partner or trustee empowered to execute this application as provided for in Chapter 808, 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 808.406, 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 8/24/10
Daytime Phone # 770-331-3471	
Typed or printed name of signing Managing Member/Manager F. F. CALLAWAY	



CORPORATION SERVICE COMPANY

LU10000015031

ACCOUNT NO. : I20000000195

REFERENCE : 489124 4355375

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : August 25, 2010

ORDER TIME : 11:34 AM

ORDER NO. : 489124-005

CUSTOMER NO: 4355375

10 AUG 25 PM 1:06

SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: THE ORIGINAL ATLANTIS HOLDINGS
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2010 AUG 25 PM 1:54

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

CONTACT PERSON: Doreen Wallace - Ext# 2928

EXAMINER'S INITIALS

BKL