

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

15727

FILED

DOCUMENT # L01000015727

1. Limited Liability Company's Name

Atlantic East Development, LLC
12940 SW 185th
Miami, FL 33177

03 JUL 30 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100018028411
05/06/03--01006--005 **75.00

2. Principal Office Address

12940 SW 185th

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Same

Zip

33177

Country

USA

Zip

Country

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

Arnold T Johnson

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

561 NW 8th

Suite, Apt. #, Etc.

City

Florida City FL 33034

State

FL

Zip Code

33034

300021936773

07/30/03--01023--002 **200.00

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

Date

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 |
|--------|--------------------------------------|---|--------------------|
| P | Arnold Johnson | 12940 SW 185th | Miami, FL 33177 |
| P | Arnold Johnson | 12940 SW 185th | Miami, FL 33177 |
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2002-2003

REINSTATEMENT

11. I certify that I am managing member/manager of 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

Date

4/1/03

Daytime Phone #

305-251-3016

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)