

2002 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

AND FILED

02 NOV 14 AM 9:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022631

Name and Mailing Address

0007684 01 FP 0.352 **PRSRT T3 0 0615 33351-624324
 ATLANTIC II HOLDINGS, L.L.C.
 4300 NORTH UNIVERSITY DRIVE
 SUITE B-104
 LAUDERHILL FL 33351-6243



2. New Mailing Address 4300 N UNIVERSITY DRIVE SUITE F200 City, State, Zip LAUDERHILL FL 33351		4. State/Country of Formation FL	
Principal Place of Business 4300 NORTH UNIVERSITY DRIVE SUITE B-104 LAUDERHILL FL 33351		5. Date Organized or Qualified To Do Business in Florida 12/27/2001	
3. New Principal Place of Business Address 4300 N UNIVERSITY DRIVE F200 City, State, Zip LAUDERHILL FL 33351		6. FEI Number 71-0869062 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent ROBERTS, NORMAN T 50 WEST MASHTA DRIVE SUITE 4 LAUDERHILL FL 33149		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200008597422 10/25/02--01087--011 **50.00 City FL Zip Code	
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10. 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 [Signature] Date 10/22/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	ILANA MORROW MANAGER	4300 N UNIVERSITY DRIVE SUITE F200	LAUDERHILL FL 33351
	DAVID MORROW MANAGER	4300 N UNIVERSITY DRIVE SUITE F200	LAUDERHILL FL 33351

12. 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 10/22/02 Daytime Phone # 954 748 2975

Typed or printed name of signing Managing Member/Manager ILANA MORROW MANAGER

CR2084 (8/02)

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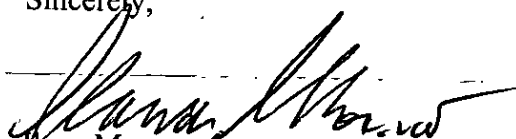
Atlantic II Holdings, L.L.C.
4300 N. University Drive
Suite F-200
Lauderhill, FL 33351
Tel: (954) 748-2975
Fax: (954) 748-8183

Florida Department of State
Jim Smith
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

We are writing this letter to inform you that we never received a bill or application for the annual filing. We would have never been late on a matter like this. We apologize for the inconvenience, and we are sending a check for fifty dollars with this application. We would appreciate if you could continue with the reinstatement process. Thanking you in advance.

Sincerely,


Dana Morrow