PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY -1 AM 11:04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000022631

1. Limited Liability Company's Name
Atlantic II Holdings, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1130 B. East Hallandale Beach Blvd	1130 East Hallandale Beach Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite B
City & State: Hallandale Beach, FL	City & State: Hallandale Beach, FL
Zip: 33009 Country: USA	Zip: 33009 Country: USA

CR2E041 (8/05)

4. State/Country of Formation: FL, USA
5. Date Organized or Qualified To Do Business in Florida: 03/02
6. FEI Number: 71-0819062 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent
Name: Roberts, Norman T.
Street Address (P.O. Box Number is Not Acceptable): 50 West Mashta Dr
Suite, Apt. #, Etc.: Suite 4
City: Key Biscayne FL State: FL Zip Code: 33149

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: [signature] Date: Apr 20/06
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	Morrow, Ilana	1130 East Hallandale Beach Blvd Suite B	Hallandale Beach, FL
			200075103712 05/28/06--01051--020 **35.00
			REINSTATEMENT 05-06
			200075103712 05/28/06--01051--021 **50.00

11. I certify that I am a 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 608.508, 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: 4/20/06 Daytime Phone #: 954-455-9008

Typed or printed name of signing Managing Member/Manager: Ilana Morrow