

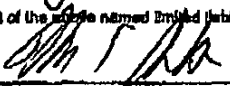
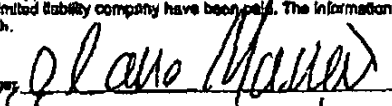
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FAX NO.
9544559027

TO: 13053610385

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P.2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 1130 B. East Hallandale Beach Blvd		3. Mailing Office Address 1130 East Hallandale Beach Blvd Suite B	
4. State/Country of Formation FL, USA		5. Date Organized or Qualified To Do Business in Florida 03/02	
6. City & State Hallandale Beach, FL		7. City & State Hallandale Beach, FL	
8. Zip 33009		9. Country USA	
10. Name and Address of Current Registered Agent Name: Roberts, Norman T. Street Address (P.O. Box Number is Not Acceptable): 50 West MacArthur Dr Suite, Apt. #, etc.: Suite 4 City: Key Biscayne FL State: FL Zip Code: 33149			
11. 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: April 20/06 REGISTERED AGENT MUST SIGN			
12. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MBM	Morrow, Iana	1130 East Hallandale Beach Blvd Suite B	Hallandale Beach, FL 33009
REINSTATEMENT 05-06 200075103712 05/29/06--01051--021 **50.00			
13. 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:  Date: 4/20/06 Daytime Phone #: 954-455-9028 Typed or printed name of signing Managing Member/Manager: Iana Morrow			