

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION FOR REINSTATEMENT
L02000003762

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

03 DEC 11 AM 10:53

1. DOCUMENT # L02000003762

Name and Mailing Address

0005709 01 AT 0.292 **AUTO T3 0 0615 33126-204152
 ATLANTIS GROUP, L.L.C.
 815 N.W. 57TH AVE., STE. 202
 MIAMI FL 33126-2041



07/18/03 01018 011 \$65.00

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/15/2002	
Principal Place of Business 815 N.W. 57TH AVE., STE. 202 MIAMI FL 33126	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 03-0483560	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 MULLER, CHARLES E II 9350 SOUTH DIXIE HWY., STE. 1550 MIAMI FL 33156	9. Name and Address of New Registered Agent Name: Robert Smoley, ESQ Street Address: 2665 So. Bayshore Dr Suite 200 City: MIAMI FL 33131
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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]* **SIGNATURE REQUIRED** Date: 11/21/03

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
President	RAIPH VELOCCI	815 NW 57 Ave.	Miami, FL 33126
Secretary	RAUL MEDINA	815 NW 57 Ave	Miami, FL 33126
			07/18/03 0018 011 \$65.00
REINSTATEMENT 2003			
Velt 12/11			

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]* **SIGNATURE REQUIRED** Date: 11-21-03 Daytime Phone #: 305 264 9833

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)

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ATLANTIS GROUP, LLC

*815 N.W. 57TH Avenue, Suite 202
Miami, Florida 33126*

December 9, 2003

Florida Department of State
Certificate of Administrative Dissolution or Revocation
P.O. Box 6327
Tallahassee, FL 32314
Attn: Brenda
Fax: 850 410-1015

Re: L02000003762
Atlantis Group, L.L.C.

This is to confirm our telephone conversation regarding your report on Atlantis Group, L.L.C. from June 26, 2003, requesting corrections on the corporation renewal application.

As I explained to you over the telephone, your report was not received by this office.

Please reactivate the corporation based on the application sent to you.

Sincerely yours,



Jose Perreni
Director

JF/cl