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# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000008607

1. Entity Name  
ATLANTIC COAST INVESTMENTS, L.L.C.



800061675998  
11/23/05--01034--016 \*\*\$0.00

Principal Place of Business  
9858 GLADES RD  
112  
BOCA RATON, FL 33434

Mailing Address  
9858 GLADES RD  
112  
BOCA RATON, FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11222005 REIN-LLC CR2E101 (6/04)

4. FEI Number  
02-0589180

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LICHT, DAVID  
7086 VIA MEDITERRANIA  
BOCA RATON, FL 33433

Name JILL NEWMAN D.A.  
Street Address (P.O. Box Number is Not Acceptable) 10 FAIRWAY DR STE 209  
City DEERFIELD BEACH FL 33441

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
After January 1, 2006, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME NUNZIATA, RICHARD  
STREET ADDRESS 7086 VIA MEDITERRANIA  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE MGRM ☐ Delete  
NAME NATHAN, ALAN  
STREET ADDRESS 7086 VIA MEDITERRANIA  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE MGRM ☐ Delete  
NAME FRIIS, ANDREW  
STREET ADDRESS 7086 VIA MEDITERRANIA  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE MGRM ☐ Delete  
NAME RUSSELL, K. MARTEL  
STREET ADDRESS 7086 VIA MEDITERRANIA  
CITY-ST-ZIP BOCA RATON, FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #