

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 17 PH 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM

DOCUMENT # L02000020457

1. Limited Liability Company's Name

ATLANTIC SOUTH BEACH PROPERTIES, LLC

2. Principal Office Address

710 ASHLAND AVE.

3. Mailing Office Address

710 ASHLAND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVER FOREST, IL

City & State

RIVER FOREST, IL

Zip

60305

Country

USA

Zip

60305

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/12/2002

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

526 E PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State
FL

Zip Code
32301

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

William Snodgrass

Date

March 12, 2004

REGISTERED AGENT MUST SIGN

William Snodgrass, Assistant Secretary

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	PATRICK MULLEN	710 ASHLAND AVE.	RIVER FOREST, IL 60305

REINSTATEMENT 2003-2004

11. 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

Patrick Mullen

Date

March 15, 2004

Daytime Phone # 708-243-9945

Typed or printed name of signing Managing Member/Manager PATRICK MULLEN