

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 13 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031087

1. Limited Liability Company's Name

Atlantic Real Estate Brokerage, LLC

2. Principal Office Address

40A Norre Gade

Suite, Apt. #, etc.

St. Thomas

City & State

US Virgin Islands

Zip

00804

Country

VI

3. Mailing Office Address

329 Granello Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, FL

Zip

33146

Country

US

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business In Florida**

11/19/02

6. FEI Number

66-0617807

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

08/08/03 90060 001 \$50.00

8. Name and Address of Current Registered Agent

Name

United States Registered Agents, Inc.

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

329 Granello Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33146

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

REGISTERED AGENT MUST SIGN

Date 10-2-03

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
MM	Atlantic Capital, LLC	40A Norre Gade	St. Thomas, US Virgin Islands 00804

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

Date

10/14/03

Daytime Phone #

340-777-2323

Typed or printed name of signing Managing Member/Manager

Edwin Miller

CR2E041 (10/02)