

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034053
 Name and Mailing Address

0005778 01 AT 0.292 **AUTO T3 0 0615 33129-123303

 ATLANTIS ADVISORS L.C.
 1581 BRICKELL AVENUE, APARTMENT 403
 MIAMI FL 33129-1233



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/18/2002	
Principal Place of Business 1581 BRICKELL AVENUE, APARTMENT 403 MIAMI FL 33129	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
8. Name and Address of Current Registered Agent INTERNATIONAL REGISTERED AGENTS CORP 338 MINORCA AVENUE CORAL GABLES FL 33134		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box) 700024341927	
		10/31/03-01093-003 **150-00	
		City	Zip Code
		FL	

CR2E034 (7/03)

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 *M. Mercedes A. de Viera* REGISTERED AGENT MUST SIGN Date 10-28-03

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
MGR	DE VIERC I, MERCEDES A	1581 BRICKELL AVENUE, APARTMENT 403	MIAMI FL 33129

REINSTATEMENT 03
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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 reported 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 *M. Mercedes A. de Viera* Date 10-28-03 Daytime Phone (305) 860-8595
 Typed or printed name of signing Member/Manager