# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

2 00. W

## DOCUMENT # L03000012970

**1. Entity Name**
ATLANTIC LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1334 ALHAMBRA CIRCLE | 1334 ALHAMBRA CIRCLE |
| CORAL GABLES, FL 33134 | CORAL GABLES, FL 33134 |

09272005   REIN-LLC   CR2E101 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 9120 SW 86 STREET | 9120 SW 86 STREET |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| City & State | City & State | 4. FEI Number | Applied For |
|---|---|---|---|
| MIAMI, FL | MIAMI, FL | 41-2090381 | Not Applicable |

| Zip | Country | Zip | Country | 5. Certificate of Status Desired | ☒ | $5.00 Additional Fee Required |
|---|---|---|---|---|---|---|
| 33173 | MIAMI-DADE | 33173 | MIAMI DADE | | | |

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| RAMIREZ-DOVALE, RAUL<br>1334 ALHAMBRA CIRCLE<br>CORAL GABLES, FL 33134 | **Name** RAMIREZ-DOVALE, RAUL<br>Street Address (P.O. Box Number is Not Acceptable)<br>9120 SW 86 STREET<br>City MIAMI   FL   Zip Code 33173 |

**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   RAMIREZ-DOVALE, RAUL   *[signature]*   SEPT 30, 2005

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

**FILE NOW!!! FEE IS $150.00**
**After January 1, 2006, Fee will be $200.00**

Make check payable to
Florida Department of State

| 9. | MANAGING MEMBERS / MANAGERS | | 10. | ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|---|
| TITLE | MGR | ☐ Delete | TITLE | MGR | ☐ Change | ☐ Addition |
| NAME | RAMIREZ-DOVALE, RAUL | | NAME | RAMIREZ-DOVALE, RAUL | | |
| STREET ADDRESS | 1334 ALHAMBRA CIRCLE | | STREET ADDRESS | 9120 SW 86 STREET | | |
| CITY-ST-ZIP | CORAL GABLES, FL 33134 | | CITY-ST-ZIP | MIAMI, FL 33173 | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | 800060185608 | | |
| STREET ADDRESS | | | STREET ADDRESS | 10/03/05--01053--013  **155.00 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | REINSTATEMENT 04-05 | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | 800060185608 | | |
| STREET ADDRESS | | | STREET ADDRESS | 11/10/05--01004--001  **50.00 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change | ☐ Addition |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 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.

(305) 444-3636

**SIGNATURE:** RAMIREZ-DOVALE, RAUL   *[signature]*   SEPT 30/2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #