200. W

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCU	MENT # L030000129	970	(9.1		กเง	SECRETARY ISIDH OF C	OF STA	NE.		
1. Entity Nam	e									
ATLANTI					C)5 OCT 24	AH 10: L	+7		
Principal Plac	e of Business	Mailing Address								
1334 ALHAM	ibra circle	1334 ALHAMBRA CIRCL	E		ار					
CORAL: GABL	ES, FL 33134	CORAL GABLES, FL 331	134		Ch					
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2. Principal Place of Business 9120 SW 86 STREET		3. Mailing Address 9120 SW 86 STREET								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			09272005	REIN-LLC	CR2E	101 (6/04)		
City & Stat		City & State	-/		4. FEI Numb	er a a a a a		Ap	plied For	
MiAN	Country	MIAMI, F	Country		41-2	09038			t Applicable	
331	73 MIAMI-DADE	<u> </u>	MIANU S	DADE		of Status Desired	<u> </u>	\$5.00 Add Fee Required		
	6. Name and Address of Current F	Registered Ágent	Name		7. Name and	d Address of New	Registered /	Agent		
RAMIREZ-DOVALE, RAUL				RAMIREZ-DOVALE, RAUL Street Address (P.O. Box Number is Not Acceptable)						
1334 ALHAMBRA CIRCLE CORAL GABLES, FL 33134			Street							
	·		9	120	5W	86 571	REG 7			
			City	Min	mi		FL	· Zigen	73	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office	or register	ed agent, or bo	th, in the State of F	lorida. I am	familiar with,	and accept	
SIGNATURE .	PAMIREZ-DOVAD Signature, typed or printed name of registered agent as	E, RAUL X	Bruket	Dos	al	SEPT	30.	200	5	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (MOTE	: Registered Agent al	gnature requir	ed when reinstating)	DATE		<u> </u>	
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Ett 1	NOWALL EEF IS \$150 OR	1			I	. Ma	ke cneck b	avable to	= 1	
	E NOW!!! FEE IS \$150.00 lary 1, 2006, Fee will be \$200.00						ke check p ia Departm	ent of State	•	
After Janu	ary 1, 2006, Fee will be \$200.00	AS/MANAGERS	10.			Flori	ia Departm	ent of State		
	MANAGING MEMBER	RS/MANAGERS Delete	10.	MGI	<u>e</u> .	Florid ADDITION:	da Departm	ent of State	Addition	
9. TITLE NAME	MANAGING MEMBER MGR RAMIREZ-DOVALE, RAUL		TITLE NAME	MGI	e IREZ-D	Florid ADDITION:	da Departm	ent of State		
9.	MANAGING MEMBER		TITLE	MGI RAM 912 MI	e IREZ-D BO SW HMI	Florid ADDITION:	da Departm	ent of State		
9. IIILE NAME STREET ADDRESS	MANAGING MEMBER MGR RAMIREZ-DOVALE, RAUL 1334 ALHAMBRA CIRCLE		TITLE NAME STREET ADDRESS	MGI RAM S 912 MI	IREZ-DO BOSW HIMI	ADDITIONS OVALG, R OSESTE FL 33	AUL EET	Change		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER MGR RAMIREZ-DOVALE, RAUL 1334 ALHAMBRA CIRCLE	□ Delete	TITLE NAME STREET ADDRES CITY-SI-ZIP TITLE NAME	RAM 912 MI	IREZ-DI BO SW HIMI BE	ADDITIONS OVALG, R OVALG, R OVALG, R OVALG, R OVALG, R OVALG, R	da Departm 5/CHANGES AUL EET 173	Change	Addition Addition	
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