

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 15 AM 9:17

DOCUMENT # **L030000S3370**

1. Limited Liability Company's Name

ATLANTIC INVESTMENTS, LLC

2. Principal Office Address

1873 ROBALO DR.

Suite, Apt. #, etc.

3. Mailing Office Address

1873 ROBALO DR.

Suite, Apt. #, etc.

City & State

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip

32960

Country

USA

Zip

32960

Country

USA

[Handwritten signature]

CR2E041 (8/05)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

12/16/2003

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

MIKE SALMAN

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

1873 ROBALO DR.

200062164422

Suite, Apt. #, Etc.

12/14/05--01050--009 #8205

City

VERO BEACH

State

FL

Zip Code

32960

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

[Handwritten signature: Michael Salmen]

REGISTERED AGENT MUST SIGN

Date

12/13/05

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	MAHER M. ABUJUMA	9808 BROADMOOR TR.	UPPER MARLBOROUGH, MD, 20772
REINSTATEMENT 04-05			

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

[Handwritten signature: Maher M. AbuJuma]

Date

12/13/05

Daytime Phone #

772-643-2099

Typed or printed name of signing Managing Member/Manager