

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000100496

1. Limited Liability Company's Name

ATLANTIS HOMES AND DESIGN,  
LLC

2. Principal Office Address - No P.O. Box #

2692 US 1 S

Suite, Apt. #, etc.

103

City & State

ST AUGUSTINE, FL

Zip

32086

Country

USA

3. Mailing Office Address

2692 US 1 S

Suite, Apt. #, etc.

103

City & State

ST AUGUSTINE, FL

Zip

32086

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

11/2005

6. FEI Number

203638459

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

JASON CODY

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

302 ARGUS RD

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32086

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

JW Cody

REGISTERED AGENT MUST SIGN

Date

12/2/08

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
MR	JASON CODY	302 ARGUS RD	ST AUGUSTINE FL 32086

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

JW Cody

Date

12/2/08

Daytime Phone #

904 797 2297

Typed or printed name of signing Managing Member/Manager

JASON CODY