

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 OCT -4 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L05000109137

1. Limited Liability Company's Name

THE ATTHWOODS HOLDING GROUP, LLC

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

14521 Boggs Drive  
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33176

Country

UNITED STATES

3. Mailing Office Address

14521 Boggs Drive  
Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33176

Country

UNITED STATES

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

NOVEMBER 10 2005

6. FEI Number

20-3764358

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

CRAIG ATTHWOOD

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

14521 Boggs Drive

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

☒ 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

Craig Atthwood

REGISTERED AGENT MUST SIGN

Date 10/3/07

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
MGR	Craig Atthwood	14521 Boggs Drive, Miami, FL 33176	Miami FL 33176

700110516497  
10/09/07--01012--014 \*\*100.00

**REINSTATEMENT** DB  
8006-2007

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

Craig Atthwood

Date 10/3/07

Daytime Phone # 786-326-3267

Typed or printed name of signing Managing Member/Manager

CRAIG ATTHWOOD