

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000066201

1. Entity Name
ATISOR INVESTMENTS, LLC



SEC
DIVIS

07 NOV 14 PM 2:52

Principal Place of Business
235 CENTRAL AVENUE
UMATILLA, FL 32784

Mailing Address
PO BOX 1847
UMATILLA, FL 32784



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

10182007 REIN-LLC CR2E101 (1/07)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAMIREZ, MARTA C
4820 BRITT ROAD
MOUNT DORA, FL 32757

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GARCIA, JORGE L
50 N PINE AVE(PO BOX 1847)
UMATILLA, FL 32784 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500112279285
11/14/07--01022--011 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GARCIA, ROSA
50 N PINE AVE(PO BOX 1847)
UMATILLA, FL 32784 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/7/07
Date

Daytime Phone #