

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

09 NOV -3 PM 12:32

DOCUMENT #

1. Limited Liability Company's Name

Atlantica Development Group, LLC

REINSTATEMENT 2008-09 204

400162257534
10/28/09--01030--006 **277.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1172 South Dixie Hwy, Suite, Apt. #, etc. #453 City & State Miami, Florida Zip 33146		3. Mailing Office Address 1172 South Dixie Hwy, Suite, Apt. #, etc. #453 City & State Miami, Florida Zip 33146	
Country USA		Country USA	

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 08/30/2006	
6. FEI Number 205468901	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Sean M. Coutts	
Street Address (P.O. Box Number is Not Acceptable) 1172 South Dixie Hwy	
Suite, Apt. #, Etc. #453	
City Miami	State FL
	Zip Code 33146

☒ 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

Date 10-26-09

REGISTERED AGENT MUST SIGN

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
Pre	Nadia M. Gaber	1172 South Dixie Hwy, #453	Miami, Florida 33146
V.P	Miguel A. Carrasco	15457 S.W. 148th Terr	Miami, Florida 33196
V.P	Sean M. Coutts	1172 South Dixie Hwy, #453	Miami, Florida 33146

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

Date 10-26-09

Daytime Phone # 305-753-6535

Typed or printed name of signing Managing Member/Manager Sean M. Coutts