

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2011 OCT 12 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L07000020582

1. Limited Liability Company's Name

ATLAS ENGINEERING MARINE SERVICES, LLC

200213221262  
10/12/11--01016--010 \*\*655.00

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #  
5251 S.W. 42ND COURT

Suite, Apt. #, etc.

3. Mailing Office Address  
5251 S.W. 42ND COURT

Suite, Apt. #, etc.

City & State  
JASPER FLORIDA

Zip  
32052

Country  
USA

City & State  
JASPER FLORIDA

Zip  
32052

Country  
USA

4. State/Country of Formation  
FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida 02/23/2007

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  
THE LAW OFFICES OF NICK SPRADLIN, PLLC

Street Address (P.O. Box Number is Not Acceptable)  
18952 NORTH DALE MABRY HWY

Suite, Apt. #, Etc.  
SUITE 102

City  
LUTZ

State  
FL

Zip Code  
33548

E-mail Address:

ATLASENGINEERING@SBCGLOBAL.NET  
(To be used for future annual report notices)

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

9/30/11

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
MGRM	JAMES P. STRUNK	5251 S.W. 42ND COURT	JASPER, FL 32052

J. SAULSBERRY  
EXAMINER  
OCT 13 2011

REINSTATEMENT  
2008-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

Signature of Managing  
Member/Manager

Date

9/30/11

Daytime Phone #

949-525-2689

Typed or printed name of signing Managing Member/Manager JAMES P. STRUNK