

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


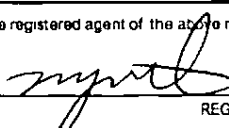
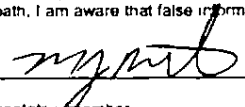
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CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000114969 1. Limited Liability Company's Name 575 N. WASHINGTON BLVD, LLC			
2. Principal Office Address - No P.O. Box # 6141 36th Ln E		3. Mailing Office Address 6141 36th Ln E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34203	Country USA	Zip 34203	Country USA
4. State/Country of Formation Florida / USA			
5. Date Organized or Qualified To Do Business in Florida 08/14/2013			
6. FEI Number 46-3425081		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 Michael Bente Street Address (P.O. Box Number is Not Acceptable) Suite, 6141 36th Ln E Apt. #, Etc. City Bradenton State FL Zip Code 34203			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  Date 1/6/2022 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Michael Bente	6141 36th Ln E	Bradenton, FL 34203
11. E-mail Address: mbente@atlantisconstructors.com (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 817.155, F.S. Signature of authorized representative/member  Date 1/6/2022 Daytime Phone 927 0600 Typed or printed name of signing authorized representative/member A. PARISHANI			

JAN 20 2022