

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


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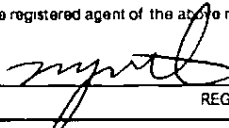
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CR2E041 (1/14)

|   |                |   |   |   |  |
|---|----------------|---|---|---|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>                              |                |  |   | FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| DOCUMENT # L13000114969   |                |   |   |   |  |
| 1. Limited Liability Company's Name<br>575 N. WASHINGTON BLVD, LLC          |                |   |   |   |  |
| 2. Principal Office Address - No P.O. Box #<br>6141 36th Ln E               |                |   | 3. Mailing Office Address<br>6141 36th Ln E |   |  |
| Suite, Apt. #, etc  |                |   | Suite, Apt. #, etc                          |   |  |
| City & State<br>Bradenton, FL   |                |   | City & State<br>Bradenton, FL               |   |  |
| Zip<br>34203  | Country<br>USA | Zip<br>34203  | Country<br>USA                              |   |  |
| 8. Name and Address of Current Registered Agent                             |                |   |   |   |  |
| Name<br>Michael Bente   |                |   |   |   |  |
| Street Address (P.O. Box Number is Not Acceptable) Suite,<br>6141 36th Ln E |                |   |   |   |  |
| Apt. #, Etc.  |                |   |   |   |  |
| City<br>Bradenton   |                | State<br>FL   | Zip Code<br>34203                           |   |  |

|  |  |
|--|--|
| 4. State/Country of Formation<br>Florida / USA   |  |
| 5. Date Organized or Qualified To Do Business in Florida 08/14/2013  |  |
| 6. FEI Number<br>46-3425081  | Apply for<br><input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status |  |

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

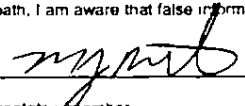
REGISTERED AGENT MUST SIGN

| 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