8/10/2016 3:23:52 PM From: To: 8506176384(2/2)

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intl. in D

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE

DOCUMENT # L14000112845

1. Limited Liability Company's Name
ATLANTIC RESIDENTS DEVELOPMENT, LLC

						_	
			3. Mailing Office Addres				CR2E0/11(1/1/4)
39 Pelican Drive		,	P.O. Box 1881		4. State/Country of Formation Florida 5. Date Organized or Qualified		
Suite, Apl. #, etc.			Sulte, Apt. #, etc.				
							indes in Aprilda July 16, 2014
City & State			City & State			6. FEI Numi	Der Applied For
Fort Lauderdale, FL			Atlantic City, NJ				No 1 Applicable
Zip	Coun	ry	Zip	Country		7. CERTIFICATE	OF STATUSD ESIRED 55.00 Additional For required for a certificate of status
33301	US	A	08404-1881	U	SA	CERTIFICATE	or state of state.
	8.	Name and Address	of Current Registered Ag	gent			1
Name	1 5 4 4 5 6						
	N, DAVID C.	Not Acceptable) Suit					
	Third Avenue	a in Of Vecali (India) offic	•		. :		
Apt. #, Et							İ
Suite 1000 City State 2th Code					Zin Code	_	
City Fort Lauderdale					33301		1
9. I. bein:	o appointed the rogis	tered agent of the abo	eve named limited flability co	m pany, a	m familier with and a	ccept the obligation	ins of Chapter 605, F.S.
Sgnature							7/10/16
Registered			REGISTERED AGENT MUST S	iou.			Date 8. [70] 70
				IOIY			
10. Names	and Greet Addresse:	of Authorized Repre	entatives/Managers			<u> </u>	· · · · · · · · · · · · · · · · · · ·
Titles	Name of Authorized Representatives/ Managers		·	Street Address of Each Authorized Representative/ Manager			City / State / Zip
MGR	ATKINSON, JOHN			39 Pelican Drive		/e	Fort Lauderdale, FL 33301
							S LIAMANA
	רונו	TATOER					S. HAWKES
	KE	TN2 [/	TEME	\mathbf{N}			AUG 9 - A.M.
				_ , ,	<u>.</u>		
	201	5-2	016				EXAMINER
11, E-mail	Address atkde	v@aol.com					
to Leadle	that I am an without	red regretents/byot			ennual report notifica		as provided for in Chapter 805, F.S. I further
certify that	when filing this reins	tatement application a award by the limiter	the reason for dissolution Hability company have be	has beer en pald.	ellminated, the limi The information indi	ted liability compa	any name salisfies the requirement of section dcatton is true and accurate, and my signature tertiment of State constitutes a third degree
	provided for In s. 817		11-1-	<u></u>			
Signature	of authorized represe	entative/member <u></u>	JUL "		Date	.1.2016	Daylima Phone # 609 · 517 · 82 6 8
Typed or p	ningle of slame	o authorized repres	Intative/member John	Atkins	on		609. 517 - 8268

Florida Department of State

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Account Number : FCA000000023
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Fax Number : (850)878-5368

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