LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2024 MAR 15 PM 3: 36 SECRE... 4004259250-1 03/15/24--01004--003 **277.50

DOCUMENT # L22000341300

1. Limited Liability Company's Name

ATC FISHERMEN LLC

2. Principal Office Address - No P O Box #	3. Mailing Office Address	CR2E041 (1/14)
14600 SW 136 STREET	14600 SW 136 STREET	4. State/Country of Formation FLORIDA USA
Suite, Apt. #, etc.	Suite, Apt #, etc.	5. Date Organized or Qualified To Do Business in Florida 08/23/2022
City & State MIAMI FL	City & State MIAMI FL	6. FEI Number 88-3636027 / Applied For / Not Applicable
Zip 33186 / Country USA	Zip 33186 / Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

8. Name and Address of Current Registered Agent

Name

ALISA DE MOYA

Street Address (P.O. Box Number is Not Acceptable) Suite.

810 LUGO AVENUE

Apt. #, Etc.

City CORAL GABLES	State FL	Zip Code 33156

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 _____

REGISTERED AGENT MUST SIGN

Date 03/08/2024

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
ARMGR	ALISA DE MOYA	810 LUGO AVENUE	CORAL GABLES FL 33156

11. E-mail Address: ALISA.DEMOYA@DEMOYA.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 03/08/2024 Daytime Phone # 305-978-9668

Typed or printed name of signing authorized representative/member ALISA DE MOYA