

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 10 PM 2:04

**DOCUMENT #**

1. Limited Liability Company's Name

Atlas Airparts International, L.C.

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

16104 Galiano Court

Suite, Apt. #, etc.

City & State

Punta Gorda Florida

Zip

33955

Country

USA

3. Mailing Office Address

16104 Galiano Court

Suite, Apt. #, etc.

City & State

Punta Gorda Florida

Zip

33955

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified  
To Do Business in Florida

2/1997

6. FEI Number

650754694

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

Edward Dresel

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

16104 Galiano Court

Suite, Apt. #, Etc.

City

Punta Gorda Florida

State

FL

Zip Code

33955

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Edward Dresel*

REGISTERED AGENT MUST SIGN

Date 7/8/2008

**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
Mgr	Edward Dresel	16104 Galiano Court	Punta Gorda Florida 33955
			400136165414 09/19/08--01056--013 **133.75
			200136165432 09/19/08--01056--014 **143.75

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.

Signature of  
Managing Member/Manager

*Edward Dresel*

Date 7/8/2008

Daytime Phone# 941-575-8113

Typed or printed name of signing Managing Member/Manager

EDWARD DRESEL