

Dec. 21, 2000 4:49PM

H00000064144 9

No. 1206 P. 2/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 DEC 21 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000002999

1. Limited Liability Company's Name

Atlantic Delta Venetian, L.C.

2. Principal Office Address

1688 Meridian Avenue

Suite, Apt. #, etc.
Suite 506

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Office Address

1688 Meridian Avenue

Suite, Apt. #, etc.

Suite 506

City & State

Miami Beach, FL

Zip

33139

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

5/25/1999

6. FEI Number

☐ 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

Registered Agents of Florida, LLC

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

100 SE Second Street

Suite, Apt. #, Etc.

3500

City

Miami

State

FL

Zip Code

33131

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**

Leon J. Wolfe, VP

Date

REGISTERED AGENT MUST SIGN

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	Gilbert Benhamou	1688 Meridian Avenue, #506	Miami Beach, FL 33139

REINSTATEMENT

00

SL

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**

Date 12-20-2000

Daytime Phone # 305-776-7778

Gilbert Benhamou, Manager

Typed or printed name of signing Managing Member/Manager

H00000064144 9

L99000002999

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000064144 9)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 922-4003

From:
Account Name : BERMAN WOLFE & RENNERT, P.A.
Account Number : 076103002011
Phone : (305) 577-4166
Fax Number : (305) 373-6036

LIMITED LIABILITY REINSTATEMENT

ATLANTIC DELTA VENETIAN, L.C.

RECEIVED
00 DEC 22 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help