

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

m-892

1. Limited Liability Company's Name

ATLANTIC RESOURCES B-TITUSVILLE, LLC

REINSTATEMENT *2001*

2. Principal Office Address

485 A Route 1 South

Suite, Apt. #, etc.

Suite 310

City & State

Iselin, NJ

Zip

08830

Country

3. Mailing Office Address

485 A Route 1 South

Suite, Apt. #, etc.

Suite 310

City & State

Iselin, NJ

Zip

08830

Country

4. State/Country of Formation

New Jersey

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

May 8, 2000

6. FEI Number

22-3724785

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

Pfluger, J. G.

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

State

FL

Zip Code

34237

400004666534-1

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*****155.00 ****155.00*

9. I, being appointed and 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

REGISTERED AGENT MUST SIGN

Date *10/25/01*

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
<i>MEM</i>	<i>Atlantic Resources II, LLC</i>	<i>485 A Route 1 South Suite 310</i>	<i>Iselin, NJ 08830</i>

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 *10/18/01*

Daytime Phone # *732-602-0555*

Typed or printed name of signing Managing member/Manager

By: Atlantic Resources II, LLC Managing Member
By: The Atlantic Companies LLC Managing Member
By: Ralph H. Grebowitz Managing Member

CR20041 (9/01)