

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # M00000000892

1. Limited Liability Company's Name

ATLANTIC RESOURCES B - TITUSVILLE, LLC

REINSTATEMENT

2002-2003

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000022283020

08/13/03--01024--002 **200.00

2. Principal Office Address

485-A ROUTE 1 SOUTH

3. Mailing Office Address

485-A ROUTE 1 SOUTH

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

SUITE 310

City & State

ISELIN, NEW JERSEY

City & State

ISELIN, NEW JERSEY

Zip

08830

Country

USA

Zip

08830

Country

USA

4. State/Country of Formation

~~FLORIDA~~ New Jersey

5. Date Organized or Qualified
To Do Business in Florida

May 8, 2000

6. FEI Number

223724785

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

PFLUGNER, 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

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

J. G. Pflugner

REGISTERED AGENT MUST SIGN

Date

August 11, 2003

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
MGM	Atlantic Resources, II, LLC	485-A Route 1 South	Iselin, New Jersey 08830
	REINSTATEMENT	2002-2003	

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

Ralph Grebow

Date

8/11/03

Daytime Phone #

732-602-0555

Typed or printed name of signing Managing Member/Manager

Ralph Grebow, managing member

CR2E041 (10/02)