

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY

FLORIDA DEPARTMENT OF STATE

FILED

03 SEP -9 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **MA97000000464**

1. Limited Liability Company's Name **CIMC Atlantic, L.L.C.**

~~Atlantic Partners Group, L.P.~~
~~12735 Gran Bay Parkway West #200~~
~~Jacksonville, FL 32258~~

2. Principal Office Address

12735 Gran Bay Parkway West

Suite, Apt. #, etc.

#200

City & State

Jacksonville FL

Zip

32258

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

2/17/94

6. FEI Number

~~59-331-0079~~ **59-3503929**

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

FAIR BANKS, RANDAL C

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

~~Don Ruppel Place Blvd~~ **228 Ponte Vedra Park Place**

Suite, Apt. #, Etc.

~~Suite 800~~ **Suite 200**

City

~~Jacksonville~~ **Ponte Vedra**

State

FL

Zip Code

32082

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

Randal C. Fairbank

REGISTERED AGENT MUST SIGN

Date **8-21-03**

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
Managing Member	David L. Brown	26221 Marsh Landing Pkwy	Ponte Vedra Bch. FL 32082
Managing Member	Alton Kul	26221 Marsh Landing Pkwy	Ponte Vedra Beach, FL 32082

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

David L. Brown

Date **8-15-03**

Daytime Phone # **904-680-6600**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)