

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

01 OCT 22 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

DOCUMENT #

MA-10000006887

1. Limited Liability Company's Name

Atlantic Capital Investment Group, LLC

REINSTATEMENT 2001

2. Principal Office Address

1301 N. Congress Ave

Suite, Apt. #, etc.

Suite 130

City & State

Boynton Beach, FL

Zip

33426

Country

USA

3. Mailing Office Address

1301 N. Congress Ave

Suite, Apt. #, etc.

Suite #130

City & State

Boynton Beach, FL

Zip

33426

Country

USA

4. State/Country of Formation

Delaware USA

5. Date Organized or Qualified
To Do Business in Florida

12/29/1997

6. FEI Number

58-2336768

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

PAMELA J. WALDORF, Esq.

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

2200 Centrepark West

Suite, Apt. #, Etc.

Suite 100

City

West Palm Beach

State

FL

Zip Code

33409

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-10/23/01--01053-003
****150.00 **** 50.00

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

Pamela J. Waldorf

Date 10/17/01

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
managing MBR	Wang, Chuan S.	802 Primavera Rd.	Glendora, CA 91741
MBR	Lin, Chaling	12889 N.W. Hartford St.	Portland, OR 97229
MBR	Hsu, Andrew	714 Winthrop Rd.	San Marino, CA 91108

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

Chuan S. Wang

Date 10-17-01

Daytime Phone # 661-734-7177

Typed or printed name of signing Managing Member/Manager

CHUAN S. WANG

CR2E041 (9/00)