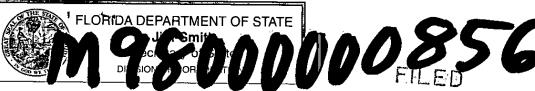
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



1. DOCUMENT #

Typed or printed name of signing Managing Member/Manager

M98000000856

Name and Mailing Address

02 NOV -5 PM 1: 04

SECHED ARY OF STATE TALLAHASSEE, FLORIDA

Date 10-74-02 Daytime Phone # 561-436-3636



2. New Mailing Address City, State, Zip Principal Place of Business 3. New Principal Place of Business Address					4. State/Country of Formation			
					5. Date Organized or Qualified To Do Business in Florida 08/07/1998			
					₹ ~			
1301 N. CONGRESS AVE., STE. #130			in part i lade di Basiness Address		65-0851992		Applied For Not Applicable	
ВО	YNTON BEACH FL 33426	City, State, Zip			7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
	8. Name and Address of Current	Registered Agen	t		9. Name and	Address of New Registere	d Agent	
WALDORF, PAMELA J ESQ C/O WINTHROP, STIMSON, PUTNAM & ROBERTS 125 WORTH AVENUE, SUITE 310 PALM BEACH FL 33480				Narpe T Waldorf PLC Street Address (P.O. Box, Number is Not Acceptable) 2000 Centherank West Dr. Sitc IW City 1st Palm Beach FL Zp Code 09				
10. L beir	on appointed the coefficient of the ob		J. P. L. 1994		AND DESCRIPTION OF THE PROPERTY OF THE PARTY			
Signature o Registered		aldf	T MUST SIGN	am familiar with a	ind accept the oblig	Date	4	
1. Names	s and Street Addresses of Each Managing	Member/Manage	Г			, . 		
Title(s)	L4 L /A 4			eet Address of Each ging Member/Manager C			ate / Zip	
MGR	ATLANTIC CAPITAL INVESTMENT GROUP, LLC		1301 N. CONGRESS AVE., STE. #130		. #130	BOYNTON BEACH FL 33426		
					70 11/05/1	00088141 0201108005	07 **150.00	
	REIN	STATE	MENT	2006				
				•				
all fees	that I am managing member/manager or s reinstatement application the reason for c owed by the limited liability company have ade under oath.							