

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

00 DEC 15 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2000

DOCUMENT #

M99-1120

1. Limited Liability Company's Name

Atlantic Resources A - Woodcrest Apartments, LLC

**2. Principal Office Address
Same as mailing**

3. Mailing Office Address

485 - A Route 1 South

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 310

City & State

City & State
Iselin, New Jersey

Zip

Country

Zip

08830

Country

USA

4. State/Country of Formation
New Jersey / USA

5. Date Organized or Qualified 7/14/1999
To Do Business in Florida

6. FEI Number
22-3660116

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

Icard, Merrill, Cullis, Timm, Furen & Ginsburg, PA

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

Attn: J. Geoffrey Pflugner

600003510506-7

12/21/00-01058-024

Suite, Apt. #, Etc.

2033 Main Street, Suite 101

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 12/13/00

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
PC	Ralph H. Grebow	485-A Route 1 South, Suite 310 Iselin, NJ 08830	

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

11/6/2000

Daytime Phone # (732) 602-0555

Typed or printed name of signing Managing Member/Manager

Ralph H. Grebow, managing member