

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

01 NOV -7 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT #

MA9-1120

1. Limited Liability Company's Name

**ATLANTIC RESOURCES A-WOODCREST
APARTMENTS, LLC**

2. Principal Office Address

485 A Route 1 South

Suite, Apt. #, etc.

Suite 310

City & State

Iselin, NJ

Zip Country

08830

3. Mailing Office Address

485 A Route 1 South

Suite, Apt. #, etc.

Suite 310

City & State

Iselin, NJ

Zip Country

08830

4. State/Country of Formation

New Jersey

**5. Date Organized or Qualified
To Do Business in Florida**

July 17, 1999

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

Pflugner, J. G.

400004688814-1

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

2033 Main Street, Suite 600

-11/20/01--01030--005

******155.00 ****155.00**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **11/5/01**

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
MGRM	Atlantic Resources I, Inc	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

[Signature]

Date **10/18/01**

Daytime Phone # **732-602-0555**

Typed or printed name of signing Managing Member/Manager

**By: Atlantic Resources I, Inc its Managing Member
By: Ralph H Grebow its President**