

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 27 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018115

1. Corporation Name

ATLANTIS PROPERTIES, INC.

400024167054
10/27/03--01062--006 **150.00

REINSTATEMENT 03

2. Principal Office Address

910 SE 17TH STR

Suite, Apt. #, etc.

3. Mailing Office Address

910 SE 17TH STR

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip
33316

Country
US

City & State

FORT LAUDERDALE, FL

Zip
33316

Country
US

4. Date Incorporated or Qualified To Do Business in Florida

02/18/2002

5. FEI Number

04-3606251

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BLACKBURN ACE J. JR.

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

2312 WILTON DR.

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33305

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BLACKBURN ACE J.	2312 WILTON DR.	FORT LAUDERDALE, FL 33305

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

(954) 564-4711

Daytime Phone #

21 10/30

CR2E081 (1/0/02)