

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUL -7 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000037733

1. Corporation Name

ATLANTIS 2000 GROUP, INC.

2. Principal Office Address - No P.O. Box #

100 N BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FL

Zip

33132

Country

US

3. Mailing Office Address

100 N BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 500

City & State

MIAMI, FL

Zip

33132

Country

US

~~W04 29653~~

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06/16/09--01073--012 **150.00

REINSTATEMENT 04-09

4. Date Incorporated or Qualified
To Do Business in Florida

05/26/1993

5. FEI Number
65-0431924

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
JADE ASSOCIATES MIAMI, INC

Street Address (P.O. Box Number is Not Acceptable)
100 N BISCAYNE BLVD

Suite, Apt. #, Etc.
SUITE 500

City
MIAMI

State
FL

Zip Code
33132

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

Date 06/12/2009

REGISTERED AGENT MUST SIGN

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 |
|--------|-----------------------------------|--|--------------------|
| P | STEVE VARSANO | 100 N Biscayne Blvd - Ste 500 | MIAMI, FL 33132 |
| | | | |
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| | | | |
| | | | |

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07/08/09--01045--009 **150.00

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 contained in Chapter 119, 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

06/12/09
Date

(917) 44-1995
Daytime Phone #