

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LD10000016129**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 JAN -3 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

FRI Daytona, LLC

*PK*

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
8427 South Park Circle

3. Mailing Office Address  
7 Sylvan Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Orlando, FL

City & State  
Parsippany, NJ

Zip  
32819

Country  
USA

Zip  
07054

Country  
USA

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 9/19/01

6. FEL Number  
35-1867684

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  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

☐ A \$100 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 \$100 reinstatement be waived.

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

**Brian Courtney**  
Asst. V. Pres.  
REGISTERED AGENT MUST SIGN

Date 1/3/08

**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
Mgr	Stephen P. Holmes	7 Sylvan Way	Parsippany, NJ 07054
Mgr	Virginia M. Wilson	7 Sylvan Way	Parsippany, NJ 07054

**REINSTATEMENT 2006-2008**

700113654457

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

*Virginia M. Wilson*

Date 12/27/07

Daytime Phone # 973-753-7782

Typed or printed name of signing Managing Member/Manager Virginia M. Wilson



CORPORATION SERVICE COMPANY

# L01000016129

ACCOUNT NO. : 072100000032

REFERENCE : 385784 7383371

AUTHORIZATION :

COST LIMIT : \$ 516.25

**FILED**  
08 JAN -3 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 3, 2008

ORDER TIME : 2:11 PM

ORDER NO. : 385784-015

CUSTOMER NO: 7383371

BK

DOMESTIC FILINGS

NAME: FRI DAYTONA, LLC

**RECEIVED**  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 JAN -3 PM 2:40  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - Ext# 2916

EXAMINER'S INITIALS \_\_\_\_\_