

1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

JUN 15 AM 11:59

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

800181568798 06/14/10--01068--010 **138.75

800181568798 06/01/10--01061--004 **277.50

CR2E041 (11/09)

DOCUMENT # L05000094111
1. Limited Liability Company's Name
CZYSCZON Enterprises LLC

2. Principal Office Address - No P.O. Box #
6101 GOLF Blvd.
Suite, Apt. #, etc.
City & State
St. Pete Beach, FL
Zip 33706 Country USA
3. Mailing Office Address
4506 GOLF Blvd
Suite, Apt. #, etc.
City & State
St. Pete Beach, FL
Zip 33706 Country USA

4. State/Country of Formation
FL
5. Date Organized or Qualified To Do Business in Florida
9/23/05
6. FEI Number
20-3524612
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
Robert CZYSCZON
Street Address (P.O. Box Number is Not Acceptable)
4506 Golf Blvd
Suite, Apt. #, Etc.
City
St. Pete Beach
State
FL
Zip Code
33706

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 [Signature] Date 6-9-10
REGISTERED AGENT MUST SIGN

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	Robert Czysczon	4506 Golf Blvd	St. Pete Beach, FL 33706
Mgr	Krzysztof Czysczon	4506 Golf Blvd.	St. Pete Beach, FL 33706

JB

33706

REINSTATEMENT 2008-10

11. E-mail Address: robert@plazabeach.com
(To be used for future annual report notifications)

12. 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 5-28-10 Daytime Phone # 727-656-9345

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

June 3, 2010

CZYSZCZON ENTERPRISES, L.L.C.
4506 GULF BLVD
ST. PETE BEACH, FL 33706

SUBJECT: CZYSZCZON ENTERPRISES, L.L.C.
Ref. Number: L05000094111

We have received your document for CZYSZCZON ENTERPRISES, L.L.C. and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$138.75

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 910A00013819