

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -3 AM 9:59

CR2E041 (8/05)

DOCUMENT # L00000002963

1. Limited Liability Company's Name

Daytona Beach Resort Management, LLC

2. Principal Office Address

2700 N. Atlantic Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

2700 N. Atlantic Ave.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

City & State

Daytona Beach, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

3/10/00

6. FEI Number

20-5132247

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

George D. E. Burden, Esq.

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

~~434 N. Halifax Ave.~~ 628 N. PENINSULA DRIVE

Suite, Apt. #, Etc.

Suite 1

City

Daytona Beach

State

FL

Zip Code

32118

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

George D. E. Burden

REGISTERED AGENT MUST SIGN

Date

8-1-06

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
MEM	Merrill, W. Harrison	3340 Peachtree Rd. NE, Suite 2200	Atlanta, GA 30326
			300078526573 08/09/06--01037--020 ***405.00

REINSTATEMENT 01-06

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

7/25/06

Daytime Phone #

404-495-9577

Typed or printed name of signing Managing Member/Manager