

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

01 OCT 26 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015790

1. Limited Liability Company's Name

Planet Beach Orlando, LLC

2. Principal Office Address

865 N. Alafaya Tr.  
Suite, Apt. #, etc.

3. Mailing Office Address

865 N. Alafaya Tr.  
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

522281331

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Byron J. Price

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

514 Fitzwilliam Way

Suite, Apt. #, Etc.

City

Orlando

State  
FL

Zip Code

32828

200004663032-1

11/01/01-01064-003

\*\*\*150.00 \*\*\*150.00

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

Byron J. Price

REGISTERED AGENT MUST SIGN

Date 10/22/01

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. Byron J. Price 514 Fitzwilliam Way Orlando, FL 32828

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

Byron J. Price

Date

10/22/01

Daytime Phone

407-381-5163

Typed or printed name of signing Managing Member/Manager