

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 MAY 29 PM 1:16
FILED
TALLAHASSEE, FLORIDA

DOCUMENT # L02000016244

1. Limited Liability Company's Name

THE RIVER'S EDGE DAYTONA, LLC

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CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 730 BONNIE BRAE STREET		3. Mailing Office Address 730 BONNIE BRAE STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER PARK, FLORIDA		City & State WINTER PARK, FLORIDA	
Zip 32789	Country	Zip 32789	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 06/27/2002	
6. FEI Number 45-0481484	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name THOMAS L. CAVANAUGH	
Street Address (P.O. Box Number is Not Acceptable) 730 BONNIE BRAE STREET	
Suite, Apt. #, Etc.	
City WINTER PARK, FLORIDA	State FL Zip Code 32789

☐ 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	Date 5-27-08
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	TLC CONDO MANAGEMENT, INC.	730 BONNIE BRAE STREET	WINTER PARK, FLORIDA 32789
			500131092235 06/10/08--01009--001 **\$55.00
			REINSTATEMENT 2005-2008

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 608.408, 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	Date 5-27-08 Daytime Phone # 407-628-3065
Typed or printed name of signing Managing Member/Manager THOMAS L. CAVANAUGH, Director of Manager	