

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L02000016893

Name and Mailing Address

0001330 01 AT 0.292 \*\*AUTO T7 1 0615 32127-662915



VACATION RENTALS OF DAYTONA BEACH, LLC  
4115 S. ATLANTIC AVENUE  
WILBUR-BY-THE SEA FL 32127-6629



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 4115 S. ATLANTIC AVENUE WILBUR-BY-THE SEA FL 32127		5. Date Organized or Qualified To Do Business in Florida 07/05/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 1616162	
		Applied For 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 BROCK, JEFFREY P 444 SEABREEZE BLVD., SUITE 900 DAYTONA BEACH FL 32118		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 11/10/03-01086-002 **150.00 City FL Zip Code	
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10. 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] **SIGNATURE REQUIRED** Date 11/6/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	ASWINDER SURI	4893 S. ATLANTIC AVE	PONCE INLET, FL 32127.
MEM	KANWAL SURI	4115 S. ATLANTIC AVE,	PORT ORANGE FL 32127, WILBUR-BY-THE-SEA
<b>REINSTATEMENT</b>			

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] **SIGNATURE REQUIRED** Date 11/3/03 Daytime Phone # 386-304-5000

Typed or printed name of signing Managing Member/Manager Aswinder Suri - managing member

CR2E084 (7/03)