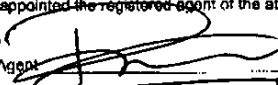
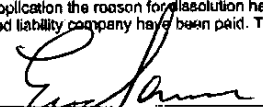


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE'S DIVISION OF CORPORATIONS 06 JUL 10 AM 9:52	
DOCUMENT # LD3000015143 1. Limited Liability Company's Name Atlantis Of Daytona LLC					
2. Principal Office Address Pinchas Haman Suite, Apt. #, etc. 1420 N. Atlantic #1902 City & State Daytona Beach FL Zip 32118		3. Mailing Office Address 1403 N. ATLANTIC AVE Suite, Apt. #, etc. City & State Zip		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number ☒ Applied For Not Applicable	
Country USA		Country		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Pinchas Haman Street Address (P.O. Box Number is Not Acceptable) 1420 N. Atlantic Suite, Apt. #, Etc. City Daytona Beach FL 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  Date 1-10-06 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		
M	EVY HAMAN	1420 N. ATLANTIC	Daytona Beach FL 32118		
			800077729008 07/19/06-01047-013 **250.00		
			REINSTATEMENT 04-06		
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 		Date 6-20-06		Daytime Phone # 386 2530105	
Typed or printed name of signing Managing Member/Manager					