PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 10 AM 9:52
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L03000015143

1. Limited Liability Company's Name

Atlantis Of Daytona LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
Pinchas Maman	403 N. Atlantic Ave
Suite, Apt. #, etc.: 1420 N. Atlantic #1902	Suite, Apt. #, etc.:
City & State: Daytona Beach FL	City & State:
Zip: 32118 Country: USA	Zip: Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: ☑ 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: Pinchas Maman

Street Address (P.O. Box Number is Not Acceptable): 1420 N. Atlantic

Suite, Apt. #, Etc.:

City: Daytona Beach FL 32118 State: FL Zip Code:

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	Eva Maman	1420 N. Atlantic	Daytona Beach FL 32118
			800077729008 07/10/06--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: _____