

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 Dec-31 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L03000039157

1. Limited Liability Company's Name

The Aquarium Restaurant at Daytona Beach, LLC

2. Principal Office Address - No P.O. Box #
125 Basin Street

Suite, Apt. #, etc.

Suite 102

City & State

Daytona Beach, Florida

Zip

32114

Country

USA

3. Mailing Office Address
888 Rose Court

Suite, Apt. #, etc.

City & State

Marco Island, Florida

Zip

32145

Country

USA

4. State/Country of Formation
Florida / USA

5. Date Organized or Qualified
To Do Business in Florida **12/07/07**

6. FEI Number
68-0668078

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
Todd Schneider

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

Suite, Apt. #, Etc.

City
Marco Island, Florida

State
FL

Zip Code
34145

☒ 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

Todd Schneider
REGISTERED AGENT MUST SIGN

Date **12/30/08**

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
MM	Todd Schneider	888 Rose Court	Marco Island, Florida 34145

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12/31/08 01000 002 **138.75

REINSTATEMENT

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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

Todd Schneider

Date **12/30/08**

Daytime Phone # **239-394-4200**

Typed or printed name of signing Managing Member/Manager **TODD E SCHNEIDER**