

1 of 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

JUN 15 AM 11:59

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800181568798  
06/14/10--01068--010 \*\*138.75

800181568798  
06/01/10--01061--004 \*\*277.50

CR2E041 (11/09)

DOCUMENT # L05000094111

1. Limited Liability Company's Name

Czyaszczon Enterprises LLC

2. Principal Office Address - No P.O. Box #

6101 Golf Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4506 Golf Blvd

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

City & State

St. Pete Beach, FL

Zip

33706

Country

USA

Zip

33706

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/23/05

6. FEI Number

20-3524612

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

Robert Czyaszczon

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

4506 Golf Blvd

Suite, Apt. #, Etc.

City

St. Pete Beach

State

FL

Zip Code

33706

☒ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6-9-10

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
Mgr	Robert Czyaszczon	4506 Golf Blvd	St. Pete Beach, FL 33706
Mgr	Krzysztof Czyaszczon	4506 Golf Blvd.	St. Pete Beach, FL 33706

JB

REINSTATEMENT 2008-10

11. E-mail Address: robert@plazabeach.com

(To be used for future annual report notifications)

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]

Date 5-28-10

Daytime Phone # 727-656-9345

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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**FILED**

**JUN 15 AM 11:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

June 3, 2010

CZYSZCZON ENTERPRISES, L.L.C.  
4506 GULF BLVD  
ST. PETE BEACH, FL 33706

SUBJECT: CZYSZCZON ENTERPRISES, L.L.C.  
Ref. Number: L05000094111

We have received your document for CZYSZCZON ENTERPRISES, L.L.C. and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$416.25.

We need an additional check for \$138.75

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 910A00013819