

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 NOV 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L060000025625

1. Limited Liability Company's Name

CHAD AKINS RACING FOUNDATION LLC

CR2E041 (10/08)

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

3 OCEANS WEST BLVD

Suite, Apt. #, etc.

2C7

City & State

DAYTONA BEACH SHORES

Zip

32118

Country

3. Mailing Office Address

3 OCEANS WEST BLVD

Suite, Apt. #, etc.

2C7

City & State

DAYTONA BEACH SHORES

Zip

32118

Country

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

3-10-06

6. FEI Number

11-3774159

☐ 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

DAVID H. KADETZ

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

3 OCEANS WEST BLVD

Suite, Apt. #, Etc.

2C7

City

DAYTONA BEACH SHORES

State

FL

Zip Code

32118

☒ 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

DAVID H. KADETZ
REGISTERED AGENT MUST SIGN

Date 10-17-09

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	DAVID KADETZ	3 OCEANS WEST BLVD	DAYTONA BEACH SHORES, FL 32118
		600 SAN JUAN PASS	CARLITO S, CA 95706
		3 OCEANS WEST BLVD	DAYTONA BEACH SHORES, FL 32118
		3606 TRESTO DR	NEW SMYRNA BEACH, FL
	REINSTATEMENT 07-09	AL	300162547963
			1/16/09-01044-005 **416.2

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

DAVID H. KADETZ

Date 10-17-09

Daytime Phone # 386-299-6022

Typed or printed name of signing Managing Member/Manager