

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000045910

1. Entity Name
CJK DAYTONA SEABREEZE LLC



FILED

07 OCT 16 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
632 FLORIDA CENTRAL PARKWAY
LONGWOOD, FL 32750

Mailing Address
632 FLORIDA CENTRAL PARKWAY
LONGWOOD, FL 32750

2. Principal Place of Business - No P.O. Box #
1231 N. ORANGE AVE.

3. Mailing Address
1231 N. ORANGE AVE.

Suite, Apt. #, etc.
B

Suite, Apt. #, etc.
B

City & State
ORLANDO FL

City & State
ORLANDO, FL.

Zip
32804

Country
ORANGE

Zip
32804

Country
ORANGE

10052007 REIN-LLC CR2E101 (1/07)

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KINCHLA, MARK
1231B NORTH ORANGE AVENUE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark Kinchla

(NOTE: Registered Agent signature required when reinstating)

10/15/07

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2008, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KINCHLA, MARK
STREET ADDRESS 1231B NORTH ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 32750 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Mark Kinchla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/15/07 407 468 9165

DATE Daytime Phone #

REINSTATEMENT

07