

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L07000086002</b> 1. Entity Name <b>DAYTONA BIKE AND TRIKE, LLC</b>		 <div style="font-size: 2em; font-family: cursive;">9/26/08</div>		<b>FILED</b> <b>09 JAN 13 PM 12: 28</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3311 S. ATLANTIC AVE. #1103 DAYTONA BEACH, FL 32124</b>		Mailing Address <b>3311 S. ATLANTIC AVE. #1103 DAYTONA BEACH, FL 32124</b>			
2. Principal Place of Business - No P.O. Box # <div style="font-family: cursive;">444 N. Beach St.</div>		3. Mailing Address <div style="font-family: cursive;">444 N. Beach St</div>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062009 REIN-LLC CR2E101 (1/07)	
City & State <div style="font-family: cursive;">Daytona Beach, FL</div>		City & State <div style="font-family: cursive;">Daytona Beach, FL</div>		4. FEI Number <div style="font-family: cursive;">26-0757947</div>	
Zip <div style="font-family: cursive;">32114</div>		Country <div style="font-family: cursive;">USA</div>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KASLIWALA, VAHID 3311 S. ATLANTIC AVE. #1103 DAYTONA BEACH, FL 32124</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASLIWALA, VAHID 3311 S. ATLANTIC AVE., #1103 DAYTONA BEACH, FL 32124 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: cursive; font-size: 2em;">CUS</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KASLIWALA, SALIM 3311 S. ATLANTIC AVE., #1103 DAYTONA BEACH, FL 32124 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: cursive; font-size: 1.5em;">800143246458</div> <div style="font-family: cursive; font-size: 1.2em;">02/11/09-01005--022 **282.50</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 3em; font-weight: bold; text-align: center;">REINSTATEMENT</div> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: cursive; font-size: 2em;">Without Penalty</div> <div style="font-family: cursive; font-size: 2em;">2008-2009</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-family: cursive; font-size: 2em;">up 1/15</div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					