


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L98000000823</b>	
1. Entity Name <b>DAYTONA INN L.C.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 OCT 24 AM 9:51

Principal Place of Business <b>2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176</b>	Mailing Address <b>2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10202005 REIN-LLC CR2E101 (6/04)

4. FEI Number <b>59-3516381</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>RAINEY, JOHN A 2101 JOHN ANDERSON DR. ORMOND BEACH, FL 32176</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAINEY, JOHN A 2101 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800060893758 10/24/05--01066--004 **\$150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIRDMAN, HARVEY 2101 JOHN ANDERSON DRIVE HOLLYWOOD, FL 33020 <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	MEM HIRSH, HERBERT 307 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020 <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	MEM HIRSH, BONITA 307 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>2005</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BIRDMAN, DIANE 307 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020 <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	MEM BIRDMAN, LOUIS 307 SOUTH 21ST AVENUE HOLLYWOOD, FL 33020 <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 exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *John A Rainey* **10/20/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #