

APPROVED
AND
FILED

10/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR -1 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003802

1. Limited Liability Company's Name

Friends of Daytona Baseball, LLC

REINSTATEMENT

2000-
2002

2. Principal Office Address

125 Basin Street

Suite, Apt. #, etc.

Suite 102

City & State

Daytona Beach, FL 32114

Zip

32114

Country

USA

3. Mailing Office Address

125 Basin Street

Suite, Apt. #, etc.

Suite 102

City & State

Daytona Beach, FL

Zip

32114

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

6/28/99

6. FEI Number

52-2235490

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

Douglas A. Daniels

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

501 North Grandview Avenue,

Suite, Apt. #, Etc.

3rd Floor

City

Daytona Beach

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date 2-26-02

CR2041 (9/01)

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
MGRM	H. Darden Jenkins	125 Basin St., Suite 102	Daytona Beach, FL 32114

400005031514-8

JD
3-1-02

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

Date 2/26/02

Daytime Phone #

386 423 3730

Typed or printed name of signing Managing Member/Manager

H DARDEN JENKINS



20f2

ACCOUNT NO. : 072100000032

REFERENCE : 417876 7294749

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ \$285.00

ORDER DATE : February 28, 2002

ORDER TIME : 3:27 PM

ORDER NO. : 417876-005

CUSTOMER NO: 7294749

CUSTOMER: Douglas A. Daniels, Esq
Douglas A. Daniels, Esq.
501 North Grandview Avenue
3rd Floor East
Daytona Beach, FL 32118

RECEIVED
02 MAR - 1 M 8:35
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGS
TALLAHASSEE, FL 32310

DOMESTIC FILINGS

NAME: FRIENDS OF DAYTONA BASEBALL,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____