

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000068791

FILED
Apr 15, 2009
Secretary of State

Entity Name: THE NATURAL WAY TRAVEL & TOURS LLC

Current Principal Place of Business:

1570 BRIAR OAK DRIVE
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

1570 BRIAR OAK DRIVE
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH, DANIEL
779 COTTON BAY DRIVE W
1109
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

JOSEPH, DANIEL
1260 S FEDERAL HIGHWAY
202
BOYNTON BEACH, FL 33435 US

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.

SIGNATURE: DANIEL JOSEPH

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURNER, GORDON
Address: 1570 BRIAR OAK DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGR () Delete
Name: TURNER, BEVERLEY A
Address: 1570 BRIAR OAK DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGR () Delete
Name: SHEARER, MARK S
Address: 1570 BRIAR OAK DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: MGR () Delete
Name: SHEARER, MARY-ANN
Address: 1570 BRIAR OAK DRIVE
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GORDON TURNER

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date