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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY				
COMPANY				
REINSTATEMENT				



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	F000000	E2041
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1. Limited Liability Company's Name

SARASOTA.

2 B&B, LLC. THE CRUISE COMPANY.

2. Principal Office Address 3. Mailing Office Address 2300 BEE RIDGE Rd. 2300 BEE RIDGE Suite, Apt. #, etc. Suite 206. Suite 206. City & State City & State

FL 34239 SARASOFA

Typed or printed name of signing Managing Member/Manager

SARASOFA

Country FL 34239 SARASUTA. FILED

02 MAR 15 PM 3: 03

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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	4. State/Country of Formation		
	Flurion		
	5. Date Organized or Qualified To Do Business in Florida Nov. 12, 2000		
	6. FEI Number	Applied For	
_	05-107-1899.	Not Applicable	

SSOD Additional Georgephed consists to enseith seed CERTIFICATE OF STATUS DESIRED 8. Name and Address of Current Registered Agent CORD AMERICA Street Address (P.O. Box Number is Not Acceptable) 416 5-E. 15 STREET. Suite, Apt. #, Etc. State Zip Code F/ / AUNIER DALE

	10 21/0001001100	•	LL 327				
9. I, being appointed the relistened agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.							
Signature of Registered	Agent ()	X:nt must sign	Date	farch 2002			
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			
1502	The Juan DER Kolk	1390 Bayshore DR.	Terra Cera	Fl 34250.			
N. P.	Janice L-van der holk	1390 Bayshore DR. P.O-Bux 416 1390 Bayshore DR	Veren Cera	FT 34250.			
Se /Trea	Li/	2453 Appalosa Circel	SURASOFA	Fl. 34240.			
		SEEDING AST OF	***********	<u> </u>			
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11. I cuttify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608. E.S. I further certify that when							

filing this reinstalcement 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 is made under oath. Date 3/11/02 Daytime Phone # 941 720 3740.