


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2007 MAR 23 AM 9:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000093043	
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1. Entity Name  
1699 LLC FINE TRAVEL LLC

Principal Place of Business  
1699 GULFSHORE BLVD  
NAPLES, FL 34103

Mailing Address  
1699 GULFSHORE BLVD S  
NAPLES, FL 34103



03132007 REIN-LLC CR2E101 (1/07)

2. Principal Place of Business - No P.O. Box #  
2828 CRAYTON Rd.

3. Mailing Address  
PO BOX 11448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
NAPLES FL.

City & State  
NAPLES FL

4. FEI Number  
20-350.7118

Applied For  
Not Applicable

Zip  
34103

Country  
USA

Zip  
34101

Country  
U.S.A

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FINE, ROGER  
1699 GULFSHORE BLVD S  
NAPLES, FL 34103

Name  
FINE ROGER

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

2828 CRAYTON Rd

City  
NAPLES

FL

Zip Code  
34103

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/20/07

DATE

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE, ROGER 1699 GULFSHORE BLVD S NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINE ROGER 2828 CRAYTON Rd. NAPLES FL 34103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE, DOMINIQUE 1699 GULFSHORE BLVD S NAPLES, FL 34103 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FINE DOMINIQUE 2828 CRAYTON RA NAPLES FL 34103 <input checked="" 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	500095222315 03/29/07--01026--019 **100.00 <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	06-07 <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	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/20/07

Date

Daytime Phone #