FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUL 20 PM 4:30

PLEASE READ ALL INSTRUCTIONS

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000003936

1. Corporation Name
Cruise Connections International, Inc

KS

000158758750
07/21/09--01002--028 **400.00

REINSTATEMENT 07-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1418 S. Stratford Rd.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Winston-Salem NC	
Zip / Country	Zip / Country
27103 USA	

4. Date Incorporated or Qualified To Do Business In Florida 8-08-03

5. FEI Number 562004843 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Phil Warmanen

Street Address (P.O. Box Number is Not Acceptable): 138360 Isleworth Dr.

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32225

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Phil Warmanen — Date: 7-17-2009
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PC	Mike Sloane	1418 S. Stratford Rd. Winston-Salem, NC 27103	
		000158758750 07/14/09--01005--015 **50.00	

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Mike Sloane — 7/17/09 — 336-659-9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #