PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 MAR 16 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/28/07--01009--022 **900.00

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000003442

1. Corporation Name
Tracy Scott Cruises Corporation

REINSTATEMENT 06-07

~~06-07-11039~~ ORDERED (12/06)

2. Principal Office Address	3. Mailing Office Address
6 Edgeboro Road	6 Edgeboro Road
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400
City & State: East Brunswick, NJ	City & State: East Brunswick, NJ
Zip: 08816 Country: USA	Zip: 08816 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/93

5. FEI Number: 223210573 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for Certified Copy of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Janet Gerkin REGISTERED AGENT Special Asst. Secretary Date: 2/28/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Paula Kirst	6 Edgeboro Road Suite 400	E. Brunswick, NJ 08816
V	Jeffrey Kirst	6 Edgeboro Road Suite 400	E. Brunswick, NJ 08816
		$9/3/20	

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: Jeffrey Kirst 2/28/07 732-257-4545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PL010 - 01/04/2006 CT System Online