PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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C MF LY ALL C MF LY ATEMENT	Cathy DIVISION O	a of Sta		0141	EURETAI SION OF	LED RY OF STA CORPORA AH 10:	TIONS	·
DOCUMENT # L 000 0 000 /491 1. Limited Liability Company's Name				•		117710	4)	
DRLANDO ATTRACTION	TICKETS	LL						
2. Principal Office Address 3. Mailing Office Address								
114 POLD PARK BLID	SAME		l'	4. State/Coun	try of Form	ation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FL USA				
DAVENPORT			5. Date Organized or Qualified To Do Business in Florida 2-10-200					
City & State City & State						1-	10-1	
FL.				6. FEI Numbe	["] 59-	3624	380	Applied For Not Applicable
Tip 3897 Country USA:	Žip∙	Country	j	7. CERTIFICATE			9300 Ac	difficial Responded entificate of Status
	8. Name and	d Address of Cu	ırrent Registere	d Agent			<u></u>	
Name								
BHASILAN P			·		<u> </u> }			
Street Address (P.O. Box Number is Not Acceptable)								il
Suite, Apt. #, Etc.								
City					State	Zip Code		}
DAVENPORT					FL	338	}	ا
9. I, being appointed the registered agent of the ab	ove named limited liability	company, am fa	miliar with and a	accept the obligat	tions of Cha	apter 608, F.S).	
Signature of						_	_	
Registered Agent REGISTERED AGENT MUST SIGN				Date6-5-03				
10. Names and Street Addresses of Managing Me	mhere/Managers							
Nome of Direct Address of			Address of Fach					
Titles Managing Members/Managers		Managing Member/Manager				City	/ State / Zi	P · .
ML VILARG B. P	ATEL 114	Pour 1	PARK BL	w	DAVE	PORT	FL	33897
MAS ANTALEC B.	PATTER 1	1	ч			·	ч	
				06/05/	jūzi	J 54 ,9	422	>
				U5/U5/U	J5U]\ 	144U13 	5 **5i	50.00 <u>0</u> 0.08
		MINISTRIBUTE OF CO						
11. I certify that I am managing member/manager	or the receiver or trustee	empowered to e	xecute this appli	cation as provide	ed for in ch	apter 608 F	3 I further	certify that when
filing this reinstatement application the reason to all fees owed by the limited liability company hav	r dissolution has been eli	minated, the limit	ed liability compa	any name satisfie	es the requi	rements of se	ection 608.	406. F.S., and that
as if made under oath.								4

Signature of

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager

1000m

Date 6- 5.03 Daytime Phone#__

SR2E041 (9/01)