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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000017537

APPLICATION FOR REINSTATEMENT

Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000017537

Name and Mailing Address

04 MAR 19 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0000975 01 AV 0.278 **AUTO H5 0 0615 33431-778599

SEA GULL TRAVEL, LLC
2621 NORTH FEDERAL HIGHWAY
SUITE M - N
BOCA RATON FL 33431-7785

US

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 07/12/2002

Principal Place of Business
2621 NORTH FEDERAL HIGHWAY
SUITE M - N
BOCA RATON FL 33431
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
03-0483634

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

ROSS, MARILYN D
2621 N. FEDERAL HIGHWAY
SUITE M - N
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

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

700038038667
03/19/04--01040--025 **5.00

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Marilyn SIGN IF REQUIRED Date 3/16/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SIMON, PHILIP E	6731 MONTEGO BAY BLVD.	BOCA RATON FL 33433
MGR	ROSS, JAMES A	1513 SW 22ND STREET	BOYNTON BEACH FL 33426
MGR	SIMON, ZINA	6731 MONTEGO BAY BLVD.	BOCA RATON FL 33433

700038038667
03/19/04--01040--026 **200.00

2003-2004

REINSTATEMENT

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this report as required by chapter 608, F.S. I further certify that when filing this reinstatement 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 if made under oath.

Signature of Managing Member/Manager SIGN IF REQUIRED Date 3/16/04 Daytime Phone # 561-394-6020

Typed or printed name of signing Managing Member/Manager PHILIP E SIMON

631848