

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



FILED

04 OCT -6 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019226

1. Limited Liability Company's Name

BEE LINE TOURS LLC

2. Principal Office Address

7659 CLEMENTINE WAY

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO Fla

City & State

SAME

Zip

32819

Country

ORANGE

Zip

Country

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

Sept '02

6. FEI Number

020635396

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

OWEN D. FRASER

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

7659 CLEMENTINE WAY

Suite, Apt. #, Etc.

City

ORLANDO

State
FL

Zip Code

32819

9. 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

[Signature]

Date

10/5/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PMGR PRES	OWEN D. FRASER	7659 CLEMENTINE WAY	ORLANDO FLA 32819

200041636282
10/05/04--01020--002 **205.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in 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

[Signature]

Date

10/5/04

Daytime Phone #

407 578 9142

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT

03-04

[Signature]

CR2E041 (10/02)