## 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

1. Entity Naπ	MENT # L03000048 SINO CRUISES, L.L.C.				OL HOV TO SECRETARY OMANASSE 0/04-01027			•		
Principal Plac	e of Business	Mailing Address			<b>)</b> >	THI ALLASSE		40		
250 6TH STREET BONITA SPRINGS, FL 34134		250 6TH STREET Bonita Springs, FL 34134			1171	0/0401027	011	**150	.00	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			10122004	REIN-LLC	CR2E10	01 (6/04)		
City & State		City & State			4. FEI Numb	-2677884	-		plied For t Applicable	
Zip	Country	Zip	Country			e of Status Desired		5.00 Addi ee Required		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New Re	gistered Aç	jent		
GRANT, SCOTT M										
C/O SCOT	T M. GRANT, P.A. IAMI TRAIL N.	Street Addres			s (P.O. Box Number is Not Acceptable)					
NAPLES, I	FL 34103	/ .,	City			<del></del>	FL	Zip Code	,	
8. The above	named entity submits this statement to	Lithe purpose of changing its	registered office	or register	ed agent, or be	oth, in the State of Flori		miliar with	and accent	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE										
SIGNATORE	Signature, typed or printed name of registered egent	and little if applicable. (NOTI	E: Registered Agent el	gnature requir	ed when reinstating	) 	DATE			
After Janu	E NOWIII FEE IS \$150.00 rary 1, 2005, Fee will be \$200.00					check pay Departmen	•			
9.	MANAGING MEMBE		10.			ADDITIONS/C			_	
TITLE	MGR HANDA, BEN	. Delete	TITLE NAME				l	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	P.O. BOX 2751 BONITA SPRINGS, FL 34133		STREET ADDRESS	s ·						
TITLE	MGR COXE, ALFRED J	☐ Delete	TITLE	7	O. BOX	fred J.		Change	Addition	
STREET ADDRESS	P.O. BOX 2751		STREET ADDRESS	s /	0. BOX	2856				
CITY-ST-ZIP	BONITA SPRINGS, FL 34133	<del></del>	CITY-\$1-ZIP	1	PAPLES	FL. 34100				
TITLE NAME		☐ Delete	TITLE NAME		·		(	Change	Addition	
STREET ADDRESS			STREET ADORES	s						
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP		<del></del>			Change,	☐ Addition	
NAME		_ Delete	NAME				·	_ i liange		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	開	TERM!	'ATEMP	NT (	$) \Psi$	ros es	
TITLE		☐ Delete	TITLE				STATE STATE	□ Chalue	Addition	
STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	s .				M	11.2 144.2 (4)	
FITLE		☐ Defete	TITLE	+				Change _	Audition	
NAME			NAME -					Y	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS	S		,				
11.   hereby	certify that the information supplied with	this filing does not qualify for	the exemption s	tated in Se	ction 119.07(3	)(i), Florida Statutes. I I	further certif	y that the in	formation	
indicated limited lia	on this report is true and accurate and ability company or the receiver or trustee	that my signature shall have e empowered to execute this	the same legal el report as require	ffect as if m d by Chapt	nade under oat ter 608, Florida	h; that I am a managii Statutes.	ng member	or manager	of the	
CIONAT	TUDE: 5/1865	$\triangleright$				11/08/	2004	7	77-NA	
SIGNATURE: 0 0 200 4 777 06 7										

FILED