

L04000016773

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000016773

1. Limited Liability Company's Name
Burgundy Voyages LLC

2. Principal Office Address
439 Oak Street

Suite, Apt. #, etc.

City & State
Garden City, NY

Zip
11530

Country
US

3. Mailing Office Address
439 Oak Street

Suite, Apt. #, etc.

City & State
Garden City, NY

Zip
11530

Country
US

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 3/02/04

6. FEL Number
20-0817212

☐ 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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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**

Sue G. Knight

**Sue G. Knight
as its agent**

Date 12-27-06

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
Pres	Jonathan Holtz	439 Oak Street	Garden City, NY 11530

REINSTATEMENT 2005-2006

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**

Jonathan Holtz

Date 12/27/06

Daytime Phone # 516-443-5100

Typed or printed name of signing Managing Member/Manager Jonathan Holtz



CORPORATION SERVICE COMPANY

L04000016773

RECEIVED

06 DEC 28 AM 10:50

ACCOUNT NO. : 072100000032 DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REFERENCE : 688479 7564190

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 205.00

ORDER DATE : December 27, 2006

ORDER TIME : 5:31 PM

ORDER NO. : 688479-005

CUSTOMER NO: 7564190

[Handwritten initials]

FILED
06 DEC 28 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BURGUNDY VOYAGES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____