

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 19 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000046089

1. Limited Liability Company's Name

Marsel Charters & Tours LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # <u>1605 Indiana St</u>		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Tallahassee, Florida</u>		City & State	
Zip <u>32304</u>	Country	Zip	Country

4. State/Country of Formation <u>U.S.</u>	
5. Date Organized or Qualified To Do Business in Florida <u>6/22/04</u>	
6. FEI Number <u>20-1272313</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>Richard L Hill</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1605 Indiana Street</u>			
Suite, Apt. #, Etc.			
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32304</u>	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 Richard L Hill Date 3-15-07

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
MEM	Howard Stone	3020 Surf Ave,	Brooklyn, NY 11224
MGR	Richard L Hill	1605 Indiana Street	Tallahassee, FL 32304
MGR	Michele Smith	POB 480	Bronx, NY 10467
000094467250 03/22/07--01012--007 **250.00 REINSTATEMENT 05-07			

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 Michele Smith Date 3/15/07 Daytime Phone # 718-974-7784

Typed or printed name of signing Managing Member/Manager Michele Smith