

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
2014



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

14 OCT 17 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L05 00000 390

1. Limited Liability Company's Name  
Bags for Cruises, LLC

2. Principal Office Address - No P.O. Box # 6751 Forum Drive Suite, Apt. #, etc. Suite 200 City & State Orlando, Florida Zip 32821		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip 32821	
Country United States		Country	

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida 01-01-2005

6. FEI Number 202093752  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  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33324

900265574489  
10/17/14--01025--025 \*\*243.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Jordan Brown, Date 10/6/2014  
REGISTERED AGENT MUST SIGN Assistant Secretary

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
SVP Legal	Wendy Pardew, Esquire	6751 Forum Drive, Suite 200	Orlando, Florida 32821

11. E-mail Address: AP@maketraveleasier.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Wendy Pardew Date 10/3/14 Daytime Phone # 407-849-0670

Typed or printed name of signing Authorized Representative/Manager Wendy Pardew, Esquire

K. ASHTON