


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2010 NOV 17 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/17/10--01027--019 **516.25
CR2E041 (05/10)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000085747

1. Limited Liability Company's Name


NO RESERVATIONS, LLC

2. Principal Office Address - No P.O. Box # 4911 Spring Lake Drive		3. Mailing Office Address 4911 Spring Lake Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33629	Country	Zip 33629	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/30/05	
6. FEI Number 14-1936831	<input type="checkbox"/> Applied For <input type="checkbox"/> 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 Stewart M. Saad		
Street Address (P.O. Box Number is Not Acceptable) 4911 Spring Lake Drive		
Suite, Apt. #, Etc.		
City Tampa	State FL	Zip Code 33629

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.

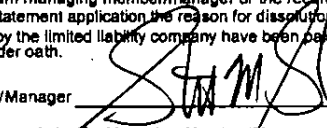
Signature of Registered Agent  Date **11/5/10** **11/3/10**

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
MGRM	Stewart M. Saad	4911 Spring Lake Drive	Tampa, FL 33629
MGRM	Sharon H. Saad	4911 Spring Lake Drive	Tampa, FL 33629
		J. SAULSBERRY EXAMINER	
		NOV 22 2010	
		REINSTATEMENT	
		2008-2010	

11. E-mail Address: stewartsaad@yahoo.com (To be used for future annual report notifications)

12. 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 606, 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  Date **11/5/10** Daytime Phone # **NOV 22 2010**

Typed or printed name of signing Managing Member/Manager **Stewart M. Saad**