

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000075171

FILED
Mar 05, 2008
Secretary of State

Entity Name: ACROSS AMERICA TOURS & TRAVEL, LLC

Current Principal Place of Business:

6400 TIMES SQUARE AVE
SUITE B, #102
ORLANDO, FL 32835

New Principal Place of Business:

459 SONOMA VALLEY CIR
ORLANDO, FL 32835

Current Mailing Address:

6400 TIMES SQUARE AVE
SUITE B, #102
ORLANDO, FL 32835

New Mailing Address:

459 SONOMA VALLEY CIR
ORLANDO, FL 32835

FEI Number: 56-2604484 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SCHELLING, SANDRA M
6400 TIMES SQUARE AVE
SUITE B #102
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SCHELLING, SANDRA M
459 SONOMA VALLEY CIR
ORLANDO, FL 32835 US

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.

SIGNATURE: SANDRA MICHELLE SCHELLING

03/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SCHELLING, SANDRA M
Address: 6400 TIMES SQUARE AVE SUITE B #102
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SCHELLING, SANDRA M
Address: 459 SONOMA VALLEY CIR
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SANDRA MICHELLE SCHELLING

MS

03/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date