

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000018168

FILED
Nov 06, 2009
Secretary of State

Entity Name: CELINE OF THE SEAS, LLC

Current Principal Place of Business:

10355 PARADISE BOULEVARD, #201
TREASURE ISLAND, FL 33706

New Principal Place of Business:

8900 49TH ST. N.
PINELLAS PARK, FL 33782

Current Mailing Address:

10355 PARADISE BOULEVARD, #201
TREASURE ISLAND, FL 33706

New Mailing Address:

8900 49TH ST. N.
PINELLAS PARK, FL 33782

FEI Number: 22-3954769 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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

KIP, JAMES C
8900 49TH ST. N.
PINELLAS PARK, FL 33782 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: JAMES KIP

11/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIP, JAMES C
Address: 10355 PARADISE BOULEVARD, #201
City-St-Zip: TREASURE ISLAND, FL 33706

Title: ST () Delete
Name: KIP, JAMES C
Address: 10355 PARADISE BOULEVARD, #201
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIP, JAMES C
Address: 320 79TH ST. S.
City-St-Zip: ST. PETERSBURG, FL 33707

Title: MGRM (X) Change () Addition
Name: ALAMO, ABEL R
Address: 4043 29TH AVE N.
City-St-Zip: ST. PETERSBURG, FL 33713

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: JAMES KIP

MGRM

11/06/2009

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