


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000051387		
1. Entity Name ITC-INTERNATIONAL TOURISM CONSULTING, LLC		

Principal Place of Business 1308 DELAWARE AVE. C/O WORLDWIDE INCORPORATORS LTD. WILMINGTON, DE 19806	Mailing Address 1308 DELAWARE AVE. C/O WORLDWIDE INCORPORATORS LTD. WILMINGTON, DE 19806
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2. Principal Place of Business - No P.O. Box # 3411 Silverside Rd Suite, Apt. #, etc. Rodney Bldg Suite 104 City & State Wilmington DE Zip 19810 Country USA	3. Mailing Address 3411 Silverside Rd Suite, Apt. #, etc. Rodney Bldg Suite 104 City & State Wilmington DE Zip 19810 Country USA
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410	
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12042008	REIN-LLC	CR2E101 (1/07)
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required

7. Name and Address of New Registered Agent Name Florida Filing & Search Services Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Dr, Suite A City Tallahassee FL Zip Code 32301	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Cubbe Hodge</i> Signature, typed or printed name of registered agent and title if applicable	DATE 12/18/08 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CRANDALL CONSULTANCE INC. 35A REGENT STREET P.O. BOX 1777 BELIZE CITY, BELIZE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULLMAN AGENCY CORP 35A REGENT STREET P.O. BOX 1777 BELIZE CITY, BELIZE, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200139228002 12/23/08--01013--001 ***138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Claire Eaton, Claire Eaton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 12-4-08 Daytime Phone #: 302-477-0500

FILED
08 DEC -8 PM 2:55
TALLAHASSEE, FLORIDA