2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000027526

City-St-Zip:

Entity Name: AMERICAN ADVENTURE, LLC.

FILED Nov 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5756 S. SEMORAN BLVD 1047 NORTH BREEZE CT. ORLANDO, FL 32822 ORLANDO, FL 32824 **Current Mailing Address: New Mailing Address:** 1047 NORTH BREEZE CT. ORLANDO, FL 32824 FEI Number: 26-2200039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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: Name and Address of New Registered Agent: DONADO, JACQUELINE 1047 NORTH BREEZE CT ORLANDO, FL 32824 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: JACQUELINE DONADO Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: **PRES** () Delete (X) Change () Addition DONADO, JACQUELINE DONADO, JACQUELINE Name: Name: 1047 NORTH BREEZE CT Address: 1047 NORTH BREEZE CT Address: City-St-Zip: ORLANDO, FL 32824 US City-St-Zip: ORLANDO, FL 32824 US (X) Change () Addition Title: MGRM () Delete Title: VPRE SMITH, EVELYN D Name: SMITH, EVELYN D Name: Address: 2900 LAZLO LANE Address: 2900 LAZLO LANE City-St-Zip: ORLANDO, FL 32837 US City-St-Zip: ORLANDO, FL 32837 US Title: () Delete Title: PART () Change (X) Addition RODRIGUEZ ROVALLO, NINOSKA Name: Name: Address: Address: 8517 NW 114 CT. City-St-Zip: City-St-Zip: MIAMI, FL 33178 Title: () Delete Title: PART () Change (X) Addition HERNANDEZ YANEZ, MONICA Name: Name: 8517 NW 114 CT Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33178 Title: () Delete Title: MGR () Change (X) Addition PEREZ, NESTOR Name: Name: 8517 NW 114 CT. Address: Address:

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.

City-St-Zip:

MIAMI, FL 33178

SIGNATURE: NESTOR PEREZ MGR 11/06/2009