2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000027714

Name:

Address:

City-St-Zip:

BRYAN, SHERMAN H

9573 CRESTVIEW STREET

SEMINOLE, FL 33772 US

Entity Name: CLASSIC YACHT ADVENTURES, LLC

FILED Oct 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5400 95TH STREET N #145 ST. PETERSBURG, FL 33708 **New Mailing Address: Current Mailing Address:** 5400 95TH STREET N #145 ST. PETERSBURG, FL 33708 FEI Number: 26-2212505 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHNEIDER, KEITH R 5400 95TH STREET N #145 ST. PETERSBURG, FL 33708 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: KEITH SCHNEIDER Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SCHNEIDER, KEITH R Name: Name: 5400 95TH STREET N, #145 Address: Address: ST. PETERSBURG, FL 33708 US City-St-Zip: City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition GEISE, SCOTT D DR Name: CARROLL, TIMOTHY G Name: Address: 2727 MAIN STREET Address: 126 GLENDALE ROAD City-St-Zip: NEWFANE, NY 14108 US City-St-Zip: EXTON, PA 19342 US Title: MGRM (X) Delete Title: () Change () Addition CARROLL, TIMOTHY G Name: Name: Address: 126 GLENDALE ROAD Address: City-St-Zip: **EXTON. PA 19342 US** City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KEITH SCHNEIDER MGRM 10/03/2009