

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000090185

Entity Name: WISE ADVENTURES, LLC

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

5308 PARADISE CAY CIRCLE  
KISSIMMEE, FL 34746 US

**New Principal Place of Business:**

16600 LIBRA ST  
203  
CLERMONT, FL 34746 US

**Current Mailing Address:**

5308 PARADISE CAY CIRCLE  
KISSIMMEE, FL 34746 US

**New Mailing Address:**

16600 LIBRA ST  
203  
CLERMONT, FL 34746 US

FEI Number: 26-3424296      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:**

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 US

**Name and Address of New Registered Agent:**

GALLETS, EUNICE  
2825 SW 22ND AVE.  
STE. 105  
DELRAY BEACH, FL 33445 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: EUNICE GALLETS

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROSE, SETH  
Address: 16600 LIBRA ST #203  
City-St-Zip: CLERMONT, FL 34714 US

Title: MGR  
Name: KAPLAN, RACHEL  
Address: 16600 LIBRA ST #203  
City-St-Zip: CLERMONT, FL 34714 US

I hereby 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: SETH ROSE

MGR

02/22/2010

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