

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 29 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600183754556
07/28/10--01024--002 **378.00

CR2E041 (05/10)

DOCUMENT # L08000107821

1. Limited Liability Company's Name

Pilgrim Tours, LLC

2. Principal Office Address - No P.O. Box #

4532 W. Kennedy Blvd

Suite, Apt. #, etc.

333

City & State

Tampa, FL

Zip

33609

Country

Hillsborough

3. Mailing Office Address

4532 W. Kennedy Blvd

Suite, Apt. #, etc.

333

City & State

Tampa, FL

Zip

33609

Country

Hillsborough

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Willie B. Lyons

Street Address (P.O. Box Number is Not Acceptable)

3265 Fiddleleaf Wy

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Willie B. Lyons

REGISTERED AGENT MUST SIGN

Date

7/24/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	Marcus Polk	943 Bakewell Ct Unit 203	Lake Mary, FL 32746
MEM	Stephanie McDonald	2435 Union St. So.	St. Petersburg, FL 33712

JB

REINSTATEMENT 2009-10

11. E-mail Address: WLyons@verizon.net

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

Marcus Polk

Date

7/24/10

Daytime Phone #

321-262-8099

Typed or printed name of signing Managing Member/Manager