PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA
11 NOV 22 PM 3:50

DOCUMENT # L10000017056

1. Limited Liability Company's Name

World Adventures

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6482 Eastpointe Pines St	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens, FL	City & State
Zip: 33418 Country: US	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/25/10

6. FEI Number: 27-1882698 ☐ 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: UNITED STATES CORPORATION AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable): 13302 WINDING OAKS BLVD.

Suite, Apt. #, Etc.: A-100

City: TAMPA State: FL Zip Code: 33612

E-mail Address:

500214581185
11/22/11--01007--004 **243.75

yarivera2003@yahoo.com
(To be used for future annual report notices)

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 _____ Date 11-7-11
REGISTERED AGENT MUST SIGN

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
MGRM	Fred Nuclbut	6482 Eastpointe Pines St	PBG FL 33411

11. 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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date _____ Daytime Phone # (561)691-5637

Typed or printed name of signing Managing Member/Manager _____

11/22/11