PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2015 DEC 31 AM 8: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DEC 3 1 2015

L BERGER

DOCUMENT # L10000029201

1. Limited Liability Company's Name
Caribbean Adventure Tours LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2000 Ponce De Leon Blvd	2000 Ponce De Leon Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 600	Suite 600
City & State	City & State
Coral Gables, FL.	Coral Gables, FL.

Zip	Country	Zip	Country
33134	USA	33134	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida   03/15/2010

6. FEI Number
27-2125947

☐ 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
ELM Group Enterprises, Inc

Street Address (P.O. Box Number is Not Acceptable) Suite,
7171 Coral Way

Apt. #, Etc.
Suite 319

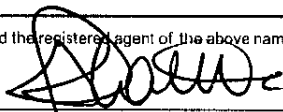| City	State	Zip Code
Miami	FL	33155

4002806076074
01/06/16--01016--005 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____
REGISTERED AGENT MUST SIGN

Date 12/31/2015

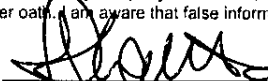10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	Gegg, David	2000 Ponce De Leon Blvd, Suite 600	Coral Gables, FL. 33134
MGRM	Gegg, Deborah	2000 Ponce De Leon Blvd, Suite 600	Coral Gables, FL. 33134

REINSTATEMENT

2015

11. E-mail Address info@elmge.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 12/31/2015 Daytime Phone # 888-406-4142

Typed or printed name of signing authorized representative/member Pablo A MAtilla