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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000077167

1. Limited Liability Company's Name
ADVENTURERS OF THE CARIBBEAN, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
416 N Barrington Ave	416 N Barrington Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Los Angeles, CA	City & State: Los Angeles, CA
Zip: 90049 Country: USA	Zip: 90049 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 06/07/2012

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

NOV - 3 2015

L. SELLERS

8. Name and Address of Current Registered Agent

Name: Corporate Creations Network Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 11380 Prosperity Farms Road #221E

City: Palm Beach Gardens State: FL Zip Code: 33410

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: Kristine Duran, Special Secretary Date: 11/03/2015
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Greg W Briles	416 N Barrington Ave	Los Angeles, CA 90049

REINSTATEMENT 2013-2015

11. E-mail Address: gwb104@mac.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of the corporation 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 11/03/2015 Daytime Phone # (561) 694-8107

Typed or printed name of signing authorized representative/member: Greg W Briles, Manager by: Kristine Duran, Attorney-in-Fact

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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LIMITED LIABILITY REINSTATEMENT
ADVENTURERS OF THE CARIBBEAN, LLC

Certificate of Status	0
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