

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L16000051/23

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2019 JAN 14 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L16000051123

1. Limited Liability Company's Name
Plan B Vacations, LLC

2. Principal Office Address - No P.O. Box #
2300 Prairie Avenue

Suite, Apt. #, etc.

City & State
Miami Beach FL

Zip
33140

Country
Miami-Dade

3. Mailing Office Address
85 Hudson ST

Suite, Apt. #, etc.

City & State
Inglis FL

Zip
34449

Country
Levy

CR2E041 (1/14)

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 3/11/2016

6. FEI Number
81-2421967

☐ 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
Scott Helie

Street Address (P.O. Box Number is Not Acceptable) Suite,
85 Hudson ST

Apt. #, Etc.

City
Inglis

State
FL

Zip Code
34449

100323340381
01/15/19--01012--011 **238.75

Reinst. For RA - 01-14-19 DL

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

[Signature]

Date 1/11/19

REGISTERED AGENT MUST SIGN

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
AR	Vincent Carone	1309 Pine Ridge Circle East A1	Tarpon Springs FL 34449
MGR	Robert W. Curry	85 Hudson St.	Inglis, FL 34449

11. E-mail Address: robertmiami1234@gmail.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

Vincent Carone

Date 1/11/19

Daytime Phone # 786-605-9096

Typed or printed name of signing authorized representative/member

Vincent Carone