

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC 11 AM 10:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # M0000000779				
1. Limited Liability Company's Name AGORA TRAVEL LLC				
2. Principal Office Address 14 WEST MOUNT VERNON PLACE		3. Mailing Office Address 14 WEST MOUNT VERNON PLACE		4. State/Country of Formation MARYLAND
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida APRIL 18, 2000
City & State BALTIMORE MD		City & State BALTIMORE MD		6. FEI Number 52-2108305 Applied For Not Applicable
Zip 21201	Country USA	Zip 21201	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional fee required for a Certificate of Status
8. Name and Address of Current Registered Agent Name ANN KOPLAS Street Address (P.O. Box Number is Not Acceptable) 235 NE FOURTH AVENUE Suite, Apt. #, Etc. City DELRAY BEACH State FL Zip Code 33483				
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 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				
MANAGING MEMBER	MYLES NORIN	202 EAST PRATT STREET	BALTIMORE MD 21231	
REINSTATEMENT 01				
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 608.406, 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		Date 1/15/01	Daytime Phone # (410) 783-8421	
Typed or printed name of signing Managing Member/Manager MYLES NORIN				