

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 # M00000000779

1. Limited Liability Company's Name

VAGORA TRAVEL LLC

2. Principal Office Address 14 WEST  
MOUNT VERNON PLACE

3. Mailing Office Address 14 WEST  
MOUNT VERNON PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State BALTIMORE MD

City & State BALTIMORE MD

Zip 21201 Country USA

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4. State/Country of Formation

MARYLAND

5. Date Organized or Qualified  
To Do Business in Florida

APRIL 18, 2000

6. FEI Number

52-2108305

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

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

*Ann Koplas*

REGISTERED AGENT MUST SIGN

Date

11-27-2001

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

*Myles Norin*

Date

11/15/01

Daytime Phone #

(410) 783-8421

Typed or printed name of signing Managing Member/Manager

MYLES NORIN