

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 DEC 18 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M00000000779

1. Limited Liability Company's Name

AgoraTravel, LLC

2. Principal Office Address - No P.O. Box #

235 NE 4th Ave

Suite, Apt. #, etc.

Ste 102

City & State

Del Ray Beach, FL

Zip

33483

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Maryland

5. Date Organized or Qualified  
To Do Business in Florida

4-18-00

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

Michelle De Filippis

Street Address (P.O. Box Number is Not Acceptable)

235 NE 4th Ave

Suite, Apt. #, Etc.

102.

City

Delray Beach, FL

State

FL

Zip Code

33483

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

Michelle De Filippis

REGISTERED AGENT MUST SIGN

Date 12-04-07

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
MGR	Michelle De Filippis	235 NE 4th Ave	Delray Beach, FL 33483
			300112951663
			12/07/07-01054-008 \$155.00

REINSTATEMENT

05-07

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

Michelle De Filippis

Date 12-04-07

Daytime Phone # 361 266 6570

Typed or printed name of signing Managing Member/Manager