2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M0000001262

Entity Name: MAGIC AIR ADVENTURE LLC

FILED Oct 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5069 W IRLO BRONSON MEM. HWY 800 N. MAGNOLIA AVE.

KISSIMMEE, FL 34746 **SUITE 1500**

ORLANDO, FL 32803

Current Mailing Address: New Mailing Address:

215 CELEBRATION PLACE #170 800 N. MAGNOLIA AVE. SUITE 1500 CELEBRATION, FL 34747

ORLANDO, FL 32803

FEI Number: 51-0398989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC 800 N. MAGNOLIA AVE. **SUITE 1500** ORLANDO, FL 32803 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTOPHER R. D'AMICO

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change () Addition MOSSOP, DAVID MOSSOP, DAVID Name: Name:

Address: 215 CELEBRATION PLACE #170 Address: 800 N. MAGNOLIA AVE., SUITE 1500

City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: ORLANDO, FL 32803

(X) Change () Addition Title: MGRM () Delete Title: MGRM

Name: MOSSOP, ALISON Name: MOSSOP, ALISON Address: 215 CELEBRATION PLACE #170 Address: 800 N. MAGNOLIA AVE., SUITE 1500

City-St-Zip: CELEBRATION, FL 34747 City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAVID MOSSOP **MGRM** 10/30/2007