

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M00000001262

FILED
Oct 30, 2007
Secretary of State

Entity Name: MAGIC AIR ADVENTURE LLC

Current Principal Place of Business:

5069 W IRLO BRONSON MEM. HWY
KISSIMMEE, FL 34746

New Principal Place of Business:

800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 32803

Current Mailing Address:

215 CELEBRATION PLACE #170
CELEBRATION, FL 34747

New Mailing Address:

800 N. MAGNOLIA AVE.
SUITE 1500
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:

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

Name and Address of New Registered Agent:

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:

Title: MGR () Delete
Name: MOSSOP, DAVID
Address: 215 CELEBRATION PLACE #170
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: MOSSOP, ALISON
Address: 215 CELEBRATION PLACE #170
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOSSOP, DAVID
Address: 800 N. MAGNOLIA AVE., SUITE 1500
City-St-Zip: ORLANDO, FL 32803

Title: MGRM (X) Change () Addition
Name: MOSSOP, ALISON
Address: 800 N. MAGNOLIA AVE., SUITE 1500
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

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date