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Division of Corporations
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From:
Account Name : SHUTTS & BOWEN LLP (FTL)
Account Number : I20040000157
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

HORIZON'S EDGE CASINO CRUISE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$300.00

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M01000002525

1. Limited Liability Company's Name
Horizon's Edge Casino Cruise, LLC

REINSTATEMENT 02-05

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
76 Marine Blvd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lynn, MA	City & State
Zip: 01905 Country: US	Zip Country

4. State/Country of Formation: Mass.

5. Date Organized or Qualified To Do Business in Florida: 11-8-2001

6. FEI Number: 043402023 ☐ 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: Corporation Company of Miami

Street Address (P.O. Box Number is Not Acceptable): 200 E. Broward Blvd., Suite 2100

Suite, Apt. #, Etc.

City: Ft. Lauderdale State: FL Zip Code: 33301

9. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 12-7-05

Felicia Hickey, Asst. Secretary of Corporation Company of Miami
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
MGRM	Thomas Groom	324 Essex Street	Swampscott, MA 01907

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: [signature] Date: 12/5/05 Daytime Phone # 781 592-9135 x-207

Typed or printed name of signing Managing Member/Manager: THOMAS GROOM