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Account Name : SHUTTS & BOWEN LLP (FTL)
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TALLAHASSEE, FLORIDA

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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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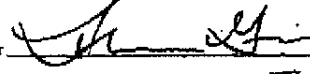
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # MD1000002525 1. Limited Liability Company's Name Horizon's Edge Casino Cruise, LLC			
2. Principal Office Address 76 Marine Blvd. Suite, Apt #, etc. City & State Lynn, MA Zip 01905		3. Mailing Office Address Suite, Apt #, etc. City & State 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 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status	
B. 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			
B. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 805, F.S. Signature of Registered Agent  Date 12-7-05 Felicia Hickey, Asst. Registered Agent MUST SIGN Secretary of Corporation Company of Miami			
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 805, 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 805.408, 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  Date 12/5/05 Daytime Phone # 781 592-3135 Typed or printed name of signing Managing Member/Manager THOMAS GROOM			

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