

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17000004794

1. Limited Liability Company's Name

Horizon Travel Services LLC

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

501 Seventh Avenue

Suite, Apt. #, etc.

Suite 1610

City & State

New York, NY

Zip

10018

Country

USA

3. Mailing Office Address

c/o Stephen G. Phillips

Suite, Apt. #, etc.

11 Dundee Road

City & State

Stamford, CT

Zip

06903

Country

USA

8. Name and Address of Current Registered Agent

Name

URS Agents LLC

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

3458 LAKESHORE DRIVE

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32312

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

Kanetha Bishop, Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 11/26/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR/CEO	Mark Morello	c/o Horizon TS - 501 Seventh Ave - Ste	New York, NY 10018
AR/SEC	Stephen G. Phillips	11 Dundee Road	Stamford, CT 06903

DEC 04 2018

11. E-mail Address: stephen.phillips@mindspring.com

(to be used for future annual report notifications)

12. I certify that I am an authorized representative/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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

11/26/2018

Daytime Phone #

203-322-4261

Typed or printed name of signing authorized representative/member

Stephen G. Phillips AR/Secretary

18 DEC -4 PM 2:45

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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