

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000048721

**Entity Name:** CRUISE LINK TRAVEL, INC.

**FILED**  
**Nov 03, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

291 GREENFIELD RD  
WINTER HAVEN, FL 33884 US

**New Principal Place of Business:**

3601 CYPRESS GARDENS ROAD  
SUITE F  
WINTER HAVEN, FL 33884 US

**Current Mailing Address:**

291 GREENFIELD RD  
WINTER HAVEN, FL 33884 US

**New Mailing Address:**

3601 CYPRESS GARDENS ROAD  
SUITE F  
WINTER HAVEN, FL 33884 US

**FEI Number:** 27-0609186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** JALEEANN JOHNSTON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** MRS  
**Name:** AARON, LYNN F  
**Address:** 291 GREENFIELD RD  
**City-St-Zip:** WINTER HAVEN, FL 33884 US

**Title:** MRS.  
**Name:** JOHNSTON, JALEEANN  
**Address:** 3014 PLANTATION WAY  
**City-St-Zip:** WINTER HAVEN, FL 33884

**Title:** MRS.  
**Name:** COX, LORILYNN  
**Address:** 116 WICKLIFFE DRIVE  
**City-St-Zip:** NAPLES, FL 34110

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** JALEEANN JOHNSTON

VP

11/03/2010

Electronic Signature of Signing Officer or Director

Date