FILED

14 FEB 25 AM 3:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P11000006443

900257148599
CR2E031 (13/13)

1 Corporation Name

JS CRUISELINE INC

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
15310 Amberly Dr.	15310 Amberly Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste 250	Ste 250
City & State	City & State
Tampa, FL	Tampa, FL
Zip / Country	Zip / Country
33647 / USA	33647 / USA

4 Date Incorporated or Qualified To Do Business in Florida: 01/19/2011

5 FEI Number: 274683263 (Applied For / Not Applicable)

6 CERTIFICATE OF STATUS DESIRED — $5.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

8 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Sue G. Knight Date: 2-25-14

REGISTERED AGENT MUST SIGN — Assistant Vice President

9 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jejuan Sims	4900 Sw 46 Ct. Apt 208	Ocala, FL 34474

10 E-mail Address: [illegible]@JSCRUISELINE.COM
(To be used for future annual report notification)

11 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify 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: [signature] 02/13/14 352 274 4582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 995770 7980346

AUTHORIZATION

COST LIMIT : $ 1050.00

ORDER DATE : February 6, 2014

ORDER TIME : 11:48 AM

ORDER NO. : 995770-015

CUSTOMER NO: 7980346

DOMESTIC FILINGS

NAME: JS CRUISELINE INC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____