## REINSTATEMENT

SIGNATURE:

## **DOCUMENT # P95000031731** FILED 1. Entity Name ENTERTAINMENT CRUISES, INC. 2006 OCT 17 PM 4: 19 Principal Place of Business Mailing Address SECRETARY OF STATE ALLAHASSEE, FLORIDA 3955 DEER CROSSING #101 290 S WASHINGTON P.O. BOX 888 NAPLES, FL 34114 AFTON, WY 83110 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 10102006 REIN-P CR2E098 (11/05) City & State 4. FEI Number Applied For 65-0591621 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HESSON, WAYNE K CPA Street Address (P.O. Box Number is Not Acceptable) 3955 DEER CROSSING #101 NAPLES, FL 34114 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered edent. SIGNATURE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWE: FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. PVST TTFLE ☐ Addition Delete TITL F ☐ Change HESSON, WAYNE NAME NAME STREET ADDRESS 3955 DEER CROSSING #101 STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34114 CITY-ST-ZIP me Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Delete TITLE 🔲 Change 🔒 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-78P ■ Addition TITLE ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 0000809322 <mark>| Change</mark> )/18/06--01004--011 \*\*158. ☐ Delete ☐ Addition TITSE TITO F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.