

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003788

1. Corporation Name

LAND O' LAKES TRAVEL, INC.

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

2442 LAND O' LAKES BLVD

Suite, Apt. #, etc.

City & State

LAND O' LAKES

Zip

34639

Country

USA

3. Mailing Office Address

2442 LAND O' LAKES BLVD

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

34639

Country

USA

800145413488
03/10/09--01008--017 **608.75

REINSTATEMENT 06-09

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 6, 2000

5. FEI Number

593619112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

SARAH NUSBAUM

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

2442 LAND O' LAKES BLVD

Suite, Apt. #, Etc.

City

LAND O' LAKES

State

FL

Zip Code

34639

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

Sarah Nusbäum
REGISTERED AGENT MUST SIGN

Date March 5, 2009

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
D	SARAH NUSBAUM	7801 CENTELLA ST. #2	CARLSBAD, CA 92009

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Sarah Nusbäum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 5, 2009 760 703-8800

Date

Daytime Phone #

SARAH NUSBAUM