2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000000042

Entity Name: TRAVEL HOLDINGS, INC.

FILED May 09, 2006 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | |
|---|---|---|------------------|---|---|
| 220 EAST CENTRAL PARKWAY, SUITE 4000 ALTAMONTE SPRINGS, FL 32701 | | | | 220 EAST CENTRAL PARKWAY SUITE 4000 ALTAMONTE SPRINGS, FL 32701 | |
| Current Mailing Address: | | | | New Mailing Address: | |
| 3455 PEACHTREE ROAD, SUITE 110 ATLANTA, GA 30326 | | | | 220 EAST CENTRAL PARKWAY SUITE 4000 ALTAMONTE SPRINGS, FL 32701 | |
| FEI Number: | 58-2487869 | FEI Number Applied For () | FEI Num | ber Not Applicable () | Certificate of Status Desired () |
| Name and | Address of Cu | ırrent Registered Agent: | Name and Address | of New Registered Agent: | |
| | RI DENTRAL PAR TE SPRINGS, I | RKWAY, SUITE 4000 FL 32701 US | | | |
| The above in the State | | ubmits this statement for the pu | rpose of | changing its register | ed office or registered agent, or both, |
| SIGNATUR | E: URI ARGO | | | | |
| | Electroni | Signature of Registered Agen | ıt | | Date |
| Election Cam | | (2)(b), F.S., the corporation did not in Trust Fund Contribution (). | | | SES TO OFFICERS AND DIRECTORS |
| | | | | | |
| Title: Name: Address: City-St-Zip: | GREENBERG, A | EE ROAD, NE, SUITE 110 | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | ARGOV, URI 220 EAST CENT | Delete RAL PARKWAY, SUITE 4000 RINGS, FL 32701 | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | DEVLIN, MICHAE | LLS BLVD., SUITE 180 | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | D () I RENAUD, CHRIS 540 MADISON A' NEW YORK, NY | ; VENUE, FLOOR 26 | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | DIMITRIJEVIĆ, N | YSHORE DR., SUITE 1700 | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | BURCH, LUCIUS | LLS BLVD., SUITE 350 | | Title: Name: Address: City-St-Zip: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: URI ARGOV P 05/09/2006