1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 15 AM 8:56

DOCUMENT # F05000000995

1. Corporation Name

TTAKY, INC.

TTA, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
702 North Shore Dr.	
Suite, Apt. #, etc: Suite 30	Suite, Apt. #, etc.
City & State: Jeffersonville, IN	City & State
Zip: 47130 Country: USA	Zip: 47130 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 61-0712854 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 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: 32301-2525

300271852033

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: [signature] Courtney Williams Asst. Vice President Date: 04.15.15

REGISTERED AGENT MUST SIGN

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
DIR	SHERMAN SNYDER	702 NORTH SHORE DR, STE 300	JEFFERSONVILLE, IN 47130
PRES	LEE THOMAS	702 NORTH SHORE DR, STE 300	JEFFERSONVILLE, IN 47130
VP	ALAN BUSSE	702 NORTH SHORE DR, STE 300	JEFFERSONVILLE, IN 47130

10. E-mail Address: bob.goodwell@altour.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] 3/23/15 812-206-5209

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

K. ASHTON

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 590656 5024001

AUTHORIZATION : [signature]

COST LIMIT : $ 900.00

ORDER DATE : April 15, 2015

ORDER TIME : 4:0 PM

ORDER NO. : 590656-005

CUSTOMER NO: 5024001

RECEIVED
15 APR 15 PM 4:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
NOW ACCEPTED
TO ACKNOWLEDGE
SUFFICIENCY OR FILING

REINSTATEMENT

NAME: TTA, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____