

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012541

1. Limited Liability Company's Name

THAT TRAVEL PLACE LTD

2. Principal Office Address

540 COLFAX DR

Suite, Apt. #, etc.

City & State

DAYTONA BEACH FLA

Zip

32114

Country

USA

3. Mailing Office Address

540 COLFAX DR

Suite, Apt. #, etc.

City & State

DAYTONA Bch FLA

Zip

32114

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/15/2000

6. FEI Number

SD-59-3602554

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JAMES MILTON

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

540 COLFAX DR

Suite, Apt. #, Etc.

City

Daytona Bch

State

FL

Zip Code

32114

300004761963-7

-01/09/02--01029-028

****150.00 ****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

JAMES MILTON

REGISTERED AGENT MUST SIGN

Date

12/20/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	<u>Ms FRANCESCA THOMAS</u>	<u>540 COLFAX DR</u>	<u>Daytona Bch FL 32114</u>

REINSTATEMENT

dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

FRANCESCA THOMAS

Date

12/28/01

Daytime Phone #

386)2551090

Typed or printed name of signing Managing Member/Manager

FRANCESCA THOMAS

CR2E041 (9/01)