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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Glenda E. Hood Secretary of State DIVISION OF CORPORATIONS

FILED

04 APR 14 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004768
Name and Mailing Address

001119B 01 AT 0.292 **AUTO T2 1 0615 34711-735117
TRAVEL TOW, LLC
10917 VERSAILLES BLVD.
CLERMONT FL 34711-7351



2. New Mailing Address <u>Travel Tow LLC 10917 Versailles Blvd.</u> City, State, Zip <u>Clermont FL 34711-7351</u>		4. State/Country of Formation FL	
Principal Place of Business 10917 VERSAILLES BLVD. CLERMONT FL 34711		5. Date Organized or Qualified To Do Business in Florida 02/22/2002	
3. New Principal Place of Business Address <u>Same</u> City, State, Zip		6. FEI Number <u>02-0620487</u> Applied For Not Applicable	
8. Name and Address of Current Registered Agent KIDD, JAMES A 10917 VERSAILLES BLVD. CLERMONT FL 34711		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>600032762886</u> City <u>FL</u> Zip Code <u>04/14/04--01067--013 **205.00</u>	
10. 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 <u><i>James A. Kidd</i></u> SIGNATURE REQUIRED Date <u>4-5-04</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>President</u>	<u>Troy Comstock</u>	<u>31 Trail Edge Circle</u> <u>Powell, OH 43065</u>	<u>Powell, OH 43065</u>
<u>Vice President</u>	<u>Jim Kidd</u>	<u>10917 Versailles Blvd.</u>	<u>Clermont, FL 34711</u>
12. 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 <u><i>James A. Kidd</i></u> SIGNATURE REQUIRED Date <u>4-7-04</u> Daytime Phone # <u>614-218-8003</u> Typed or printed name of signing Managing Member/Manager _____			

REINSTATEMENT 03 OK
[Signature]

CR2E034 (7/03)