A G (O) SECOND PROPERTY AND	
COANY  REINSTATEMENT  FLORIDA DEPARTMENT  Secretary of State  DIVISION OF CORPORATIONS	
DOCUMENT # Lo 20000 265 56  1. Limited Liability Company's Name	03 OCT -2 PM 3:32  SECRETARY OF STATE TALLAHASSEE, FLORIDA
TRAVELZUSA, LLC	300023509703 10/02/0301033002 **150.00
2. Principal Office Address  800 4 NW 154 <sup>M</sup> 57  Suite, Apt. #, etc.  # 385  3. Mailing Office Address  800 4 NW 154 <sup>M</sup> 57  Suite, Apt. #, etc.  # 385	4. State/Country of Formation  FLORIDA VSA  5. Date Organized or Qualified To Do Business in Florida  70/9/2002
MIAMI LAKES, FL MIAMI LAKES, FL	6. FEI Number Applied For Not Applied For Not Applied For
330/6 USA 2ip 330/6 Country VSA	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
Name  GENEROSO L. ROJAS  Street Address (P.O. Box Number is Not Acceptable)  7240 POINCIANA CT  Suite, Apt. #, Etc.  City  MIAMI LAKES  State Zip Code  33014	
9. I, being appointed the registered agent of the advergamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.Sy  Signature of Registered Agent  REGISTERED AGENT MUST SIGN	
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Street Address of Each City / State / Zip	
Managing Members/ Managers Managing Member/ Manag	CIANACT. MIAMI LAKES FL 3301
AZINSTATI	EMENT 2003
11.1 certify that I am managing member/manager on the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filling this reinstatement application the readon 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 in true and accurate, and my signature shall have the same legal effect as if made under oath.  Signature of Managing Member/Manager  Date 12903  Daytime Phone # 335.698. 4097  Typed or printed name of signing Managing Member/Manager	