PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 OCT 21 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700161901377
10/19/09--01064--005 **377.50

CR2E041 (10/06)

DOCUMENT # L03000002194

1. Limited Liability Company's Name: Tripdirectors, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
589 Union Rd	PO Box 55
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Herington, KS	City & State: Herington KS
Zip: 67449 Country: US	Zip: 67449 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/17/03

6. FEI Number: 85-048621 ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Services

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: [signature] Date: 10/14/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man	Thomas Arevalo	589 Union Rd	Herington, KS 67449
Man	Tandi Arevalo	589 Union Rd	Herington, KS 67449

REINSTATEMENT 08 09

JE 10-22-09

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: [signature] Date: 10/6/09 Daytime Phone#: 785-366-0509

Typed or printed name of signing Managing Member/Manager: Thomas Arevalo