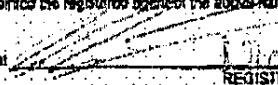


FROM: FIRST NAT'L

FX NO.: 7852523770

Oct. 14 2009 01:33PM P2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AM 9:04

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		OCT 14 2009 01:33PM 700161901377 10/19/09-01064-005 **377.50	
DOCUMENT # L03000002194 1. Limited Liability Company's Name Tripdirectors, LLC					
2. Principal Office Address - No P.O. Box # 589 Union Rd City, Apt. #, etc. Henryton, KS Zip 67449		3. Mailing Office Address PO Box 55 City, Apt. #, etc. Henryton KS Zip 67449		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 11/7/03 6. EIN Number 85-048621 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) 2734 Executive Park Drive City, Apt. #, etc. Suite 4 City Weston				9. 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. ☒	
10. I, being appointed the registered agent of the above-named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Date 10/14/09 REGISTERED AGENT MUST SIGN					
11. Names and Street Addresses of Managing Members/Managers					
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip		
Man	Thomas Arevalo	589 Union Rd	Henryton, KS 67449		
Man	Tandi Arevalo	589 Union Rd	Henryton, KS 67449		
REINSTATEMENT 08 09 08 09					
12. I certify that I am managing member/manager or the member or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been withdrawn, the limited liability company name satisfies the requirements of Section 604.06, F.S., and that all fees owed by the limited liability company have been paid.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  Date 10/6/09 Daytime Phone 785-366-0009 Types or printed name of signing Managing Member/Manager Thomas Arevalo					