

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -4 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LC4000041654**

1. Limited Liability Company's Name

Relay Travel Services, LLC

2. Principal Office Address - No P.O. Box #

3857 Batony Ct

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. 4936

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Winter Park FL

Zip

32811

Country

Orange

Zip

32793-4936

Country

Orange

4. State/Country of Formation

FL / US

5. Date Organized or Qualified
To Do Business in Florida

6/2004

6. FEI Number

☒ 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

Cedric A. Byrd

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

5357 Batony Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

☒ 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

Cedric A. Byrd
REGISTERED AGENT MUST SIGN

Date **4/4/2007**

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
MGR	Cedric A. Byrd	5357 Batony Ct	Orlando FL 32811

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

Cedric A. Byrd

Date **4/4/2007**

Daytime Phone #

407 975 8484

Typed or printed name of signing Managing Member/Manager

X 1003