

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 MAY 30 PM 1:16  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000056415**

1. Limited Liability Company's Name

RECREATIONAL VEHICLE TRIP PLANNERS,  
L.L.C.

05

CR2E041 (12/07)

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

16301 S.W. 294 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

16301 S.W. 294 STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FL

City & State

HOMESTEAD, FL

Zip

33033

Country

Zip

33033

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

07/29/2004

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

ALVARO PERPULY

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

16301 S.W. 294 STREET

Suite, Apt. #, Etc.

City

HOMESTEAD, FL

State

FL

Zip Code

33033

☒ 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

*Alvaro Perpuly*

Date 5-28-2008

REGISTERED AGENT MUST SIGN

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
MGRM	ALVARO PERPULY	16301 S.W. 294 STREET	HOMESTEAD, FL 33033
			600131092066 06/10/08--01008--024 **555.00

REINSTATEMENT

2005-2008

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

*Alvaro Perpuly*

Date 5-28-2008

Daytime Phone #

Typed or printed name of signing Managing Member/Manager