

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 24 PM 12:25
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # L06000116819

1. Limited Liability Company's Name

TRAVEL REGISTRAR LLC

07

CR2E041 (10/08)

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

20801 Biscayne Blvd.

3. Mailing Office Address

20801 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

December 7, 2006

6. FEI Number

20-5997256

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☐ 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

Henry J. Wynn

Date December 23, 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	Steven A. Schwartz	20801 Biscayne Blvd.	Aventura, FL 33180
			300139267923

REINSTATEMENT 2007-2008

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

Steven A. Schwartz

Date 12/18/08

Daytime Phone# 561-381-1016

Typed or printed name of signing Managing Member/Manager Steven A. Schwartz



CORPORATION SERVICE COMPANY

LOG000116819

ACCOUNT NO. : 072100000032

REFERENCE : 838109 4813885

AUTHORIZATION :

COST LIMIT : \$ 407.50

FILED
08 DEC 24 PM 12:25
TALLAHASSEE, FLORIDA

ORDER DATE : December 23, 2008

ORDER TIME : 9:51 AM

ORDER NO. : 838109-005

CUSTOMER NO: 4813885

File 1st

DOMESTIC FILINGS

NAME: TRAVEL REGISTRAR LLC

RECEIVED
08 DEC 24 AM 10:42
FLORIDA STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - Ext# 2930

EXAMINER'S INITIALS

B/K