

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 2:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M01000002031

Name and Mailing Address

0006778 01 FP 0.352 **PRSR T1 0 0615 07094-361999



TRAVEL NEWCO, LLC
500 PLAZA DRIVE
SECAUCUS NJ 07094-3619

MJH



11/21 2002

CR2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/05/2001	
Principal Place of Business 500 PLAZA DRIVE SECAUCUS NJ 07094	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3572119	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9000009154309 11/21/02--01060--014 **150.00 City FL Zip Code
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10. 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 Brian Courtney **Asst. V. Pres.** Date 11-21-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DAVIS, ANDREW C	ONE DEFERAL ST., 23RD FLOOR	BOSTONMA 02110
MGR	Hundley, George	500 PLAZA Drive	Secaucus NJ 07094
MGR	McIlhenny, Theodore	500 PLAZA Drive	Secaucus NJ 07094
MGR	Wickersham, John	500 PLAZA Drive	Secaucus NJ 07094
MGR	Wright, Tom	500 PLAZA Drive	Secaucus NJ 07094

12. 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 Tom Wright Date 11/18/02 Daytime Phone # 201-902-2000

Typed or printed name of signing Managing Member/Manager **TOM WRIGHT**



ACCOUNT NO. : 072100000032

REFERENCE : 829876 7293539

AUTHORIZATION :

COST LIMIT : \$ PREPAID

ORDER DATE : November 21, 2002

ORDER TIME : 12:38 PM

ORDER NO. : 829876-005

CUSTOMER NO: 7293539

CUSTOMER: Mr. Herbert Carty
Northstar Travel Media, Llc
500 Plaza Drive
Secaucus, NJ 07094

REINSTATEMENT

NAME: TRAVEL NEWCO, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS _____

RECEIVED
02 NOV 21 PM 2:29
DEPARTMENT OF STATE
SYSTEM OF REGISTRARS
TALLAHASSEE, FLORIDA