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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY -5 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000001961

1. Limited Liability Company's Name
Pan American Travel Assistance, LLC

2. Principal Office Address	3. Mailing Office Address
22 E. Mifflin Street	22 E. Mifflin Street
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000
City & State Madison, WI	City & State Madison, WI
Zip 53703 Country USA	Zip 53703 Country USA

4. State/Country of Formation WISCONSIN

5. Date Organized or Qualified To Do Business In Florida 07/29/2002

6. FEI Number 36-4496978 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Charles A. Burdiman Assistant Secretary Date: 5/7/04

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
VP	James L. Koziol	1145 Clark Street	Stevens Point, WI 54481
MBR	Betsy L. Brougher	107 South Pennsylvania, Ste. 500	Indianapolis, IN 46204
MBR	William J. Atkins	107 South Pennsylvania, Ste. 500	Indianapolis, IN 46204
VP	Sergio Arana	305 S. Andrews Ave., Suite 900	Fort Lauderdale, FL
VP	Robert Worden	1145 Clark Street	Stevens Point, WI 54481
		REINSTATEMENT	03-04 QR

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided in section 608.441(4), 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: [signature] Date: 5/6/04 Daytime Phone # (317) 262-2132

Typed or printed name of signing Managing Member/Manager: Betsy L. Brougher

04 MAY -6 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

Please keep 5/6/04 as file date per my confirmation. Thanks! Brigham CT Corp

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LIMITED LIABILITY REINSTATEMENT

PAN AMERICAN TRAVEL ASSISTANCE, LLC

Certificate of Status	0
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