

102000003095

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 MAR 14 PM 12:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LR03/16/05

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 102000003095

1. Limited Liability Company's Name
TRS Subsidiary, LLC

REINSTATEMENT

2. Principal Office Address
309 NORTH 5TH STREET

3. Mailing Office Address
P.O. BOX 1448

Suite, Apt. #, etc.

City & State
NORFOLK NE

Zip 68701 Country USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
11/21/2002

6. FEI Number
52.2356700

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
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32301

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 by: [Signature] Date 10/23/2004

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
	DONAVON A. HEIMES, CFO TRS LEASING MGR	309 NORTH 5TH STREET	NORFOLK NE 68701

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 [Signature] Date 12/15/04 Daytime Phone# 402-371-2520

Typed or printed name of signing Managing Member/Manager CFD

CR2E041 (10/02)