PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 APR -5 A:1 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M03000002288

1. Limited Liability Company's Name
Discoverytrips.com, LLC

2. Principal Office Address	3. Mailing Office Address
One Discovery Place	One Discovery Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Silver Spring, MD	City & State: Silver Spring, MD
Zip: 20910 Country: US	Zip: 20910 Country: US

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 7/11/2003

6. FEI Number: 52-2255007 ☐ 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, hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Stacy M. Rosenthal Vice President and Assistant Secretary Date: 4/4/2006

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
MGR	Barbara Bennett	One Discovery Place	Silver Spring, MD 20910
MGR	Mark Hollinger	One Discovery Place	Silver Spring, MD 20910
MGR	Doug Coblens	One Discovery Place	Silver Spring, MD 20910
	REINSTATEMENT		

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: Date: 3-30-06 Daytime Phone # 240.662.5495

Typed or printed name of signing Managing Member/Manager: Mark Hollinger, MANAGER