PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 MAR -8 PM 2:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000006351

600197148926

1. Limited Liability Company's Name

International Alliance Travel Assistance & Insurance, LLC

CR2E041 (1/11)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 80 SW 8th Street | 80 SW 8th Street |
| Suite, Apt. #, etc. Suite 2000 | Suite, Apt. #, etc. Suite 2000 |
| City & State Miami | City & State Miami |
| Zip 33130 Country USA | Zip 33130 Country USA |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/23/2007

6. FEI Number: ☐ 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: Florida Filing & Search Services, LLC

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc.: Suite A

City: Tallahassee State: FL Zip Code: 32301

E-mail Address: sarana@iatai.com
(To be used for future annual report notices)

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** /s/ ABBIE P. HODGE Date 3/8/2011
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 | Sergio Arana | 80 SW 8th St. Ste. 2000 | Miami FL 33130 |
| MGR | Laurent Fossaert | 80 SW 8th St. Ste. 2000 | Miami FL 33130 |
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REINSTATEMENT 2009-2011

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing Member/Manager** _____ Date 3/08/2011 Daytime Phone # 1200335722 20

Typed or printed name of signing Managing Member/Manager: Sergio Arana

M07000006351

**FLORIDA FILING & SEARCH SERVICES, INC.**
**P.O. BOX 10662 TALLAHASSEE, FL 32302**
**155 Office Plaza Dr Ste A Tallahassee FL 32301**
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

**DATE:** **03-08-2011**

**NAME:** INTERNATIONAL ALLIANCE TRAVEL ASSISTANCE & INSURANCE LLC

**TYPE OF FILING:** **REINSTATEMENT**

**COST:** **$521.25**

**RETURN:** **CERTIFICATE OF GOOD STANDING**

RECEIVED
11 MAR -8 PM 1:31
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: **FCA000000015**

**AUTHORIZATION:** **ABBIE/PAUL HODGE**