PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100264516081

W14-57246

CR2E041 (1/11)

DOCUMENT # L04000042752

1. Limited Liability Company's Name
COMMUNICATION ARTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
615 Sunnyside Ct	615 Sunnyside Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Meyers, FL	City & State: Ft Meyers, FL
Zip: 33919 Country: US	Zip: 33919 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 06/08/2004

6. FEI Number: [ ] Applied For [X] 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address: _____ (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: _____ Asst VP Date: 09.18.14
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
mgmr	Carole Mailoux	615 Sunnyside Ct.	Ft. Meyers, FL 33919

14 SEP 19 AM 11:46
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT
2007 - 2014

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: 9/9/13 Daytime Phone #: 239 297 8585

Typed or printed name of signing Managing Member/Manager: Carole Mailoux

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2014 SEP 18 PM 4:16
SUBJECT TO REVIEW AND/OR ACCEPTANCE FOR FILING

September 18, 2014

CSC-I20000000195
WALK IN
TALLAHASSEE, FL

SUBJECT: COMMUNICATION ARTS, LLC
Ref. Number: W14000057246

RESUBMIT
Please give original submission date as file date.

We have received your document for COMMUNICATION ARTS, LLC and your check(s) totaling $1210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 605.0715, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 414A00020023

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 240714 7438454

AUTHORIZATION :

COST LIMIT : $ 1,210.00

ORDER DATE : August 1, 2014

ORDER TIME : 12:32 PM

ORDER NO. : 240714-005

CUSTOMER NO: 7438454

DOMESTIC FILINGS

NAME: COMMUNICATION ARTS, LLC

RECEIVED
2014 SEP 17 PM 3:23

XX___ REINSTATEMENT

TO ARRANGE FOR SUFFICIENCY OF FILING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____