

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 11 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000017246

1. Limited Liability Company's Name

Medina Favis Publishing, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 2927 Langdon Ln, S		3. Mailing Office Address P. O. Box 1227	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State Fort Pierce, FL	
Zip 34741	Country USA	Zip 34954-1227	Country USA

4. State/Country of Formation Florida, USA	
5. Date Organized or Qualified To Do Business in Florida 02/21/2005	
6. FEI Number 20-2390489	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Carlo Roberto C. Favis			
Street Address (P.O. Box Number is Not Acceptable) 2927 Langdon Ln, S			
Suite, Apt. #, Etc.			
City Kissimmee	State FL	Zip Code 34947	

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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. 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 Registered Agent *Carlo C Favis* REGISTERED AGENT MUST SIGN
Date 12/7/07

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
MGRM	Carlo Roberto C. Favis	2927 Langdon Ln, S	Kissimmee, FL 34741
MGRM	Martin Angelo C. Favis	12 Lydia Dr.	West New York, NJ 07093
MGRM	Kariz Tanya M. Favis	12 Lydia Dr.	West New York, NJ 07093
MGRM	Marilyn C. Favis	9420 Bunting Lane	Fort Pierce, FL 34951
MGRM	Diether Ocampo	12 Lydia Dr.	West New York, NJ 07093

REINSTATEMENT 2006-0784 11
200113183723
12/7/07-01010-020 **\$5.00

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 *Carlo C Favis* Date 12/7/07 Daytime Phone # 4079678637

Typed or printed name of signing Managing Member/Manager CARLO C FAVIS