


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>  |   |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   | <b>FILED</b><br><b>14 JUL 28 PM 2:06</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| DOCUMENT # <b>41100001962</b><br>1. Limited Liability Company's Name<br><b>African Travel Videos, LLC</b>   |   |  |   |  |  |
| 2. Principal Office Address - No P.O. Box #<br><b>1005 LAKE AVENUE</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Office Address<br><b>1005 LAKE AVENUE</b><br>Suite, Apt. #, etc.  |   | 4. State where the Corporation is Organized<br><b>Florida</b>                          |  |
| City & State<br><b>LAKE WORTH, FL</b>   |   | City & State<br><b>LAKE WORTH, FL</b>  |   | 5. Date Organized or Qualified To Do Business in Florida<br><b>1/05/2011</b>           |  |
| Zip<br><b>33400</b>   | Country<br><b>USA</b>   | Zip<br><b>33400</b>  | Country<br><b>USA</b>   | 6. FEI Number<br><b>27-4673283</b>   | Applied For<br><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<br>Name: <b>Joseph M. Lee</b><br>Street Address (P.O. Box Number is Not Acceptable): <b>1005 LAKE AVENUE</b><br>Suite, Apt. #, Etc.:<br>City: <b>LAKE WORTH</b> State: <b>FL</b> Zip Code: <b>33400</b>   |   |  |   |  |  |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.<br>Signature of Registered Agent: <b>Joseph M. Lee</b> Date: <b>7/23/2014</b><br>REGISTERED AGENT MUST SIGN.  |   |  |   |  |  |
| 10. Names and Street Addresses of Authorized Representatives/Managers   |   |  |   |  |  |
| Titles<br><b>President</b>  | Name of Authorized Representative/Managers<br><b>Tarina Ungerer</b> | Street Address of Each Authorized Representative/Manager<br><b>75 George Storrar Drive</b>   | City / State / Zip<br><b>Greenkloof, Pretoria South Africa 0181</b> |  |  |
| <b>REINSTATEMENT</b>  |   |  |   |  |  |
| 11. E-mail Address: <b>gungerer@mweb.co.za</b><br><small>(To be used for future annual report notifications)</small>  |   |  |   |  |  |
| 12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.156, F.S. |   |  |   |  |  |
| Signature of Authorized Representative/Manager: <b>T. Ungerer</b> Date: <b>23-7-2014</b> Daytime Phone #: <b>27 82 3320457</b>  |   |  |   |  |  |
| Typed or printed name of signing Authorized Representative/Manager: <b>Tarina Ungerer</b>   |   |  |   |  |  |