

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L00000000370

LIMITED LIABILITY  
COMPANY  
REIN STATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 FEB 13 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L 00000000370

1. Limited Liability Company's Name

Associated Media Management L.C.

9/28/01

2. Principal Office Address

5808 San Vicente St.

3. Mailing Office Address

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida 1/10/2000

6. FEI Number  
NONE

Applied For  
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required  
for a Certificate of Status

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Zip  
33146

Country  
USA

Zip

Country

8. Name and Address of Current Registered Agent

Name

Maurice Keizer

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

5808 San Vicente St.

Suite, Apt. #, Etc.

City

Coral Gables

State  
FL

Zip Code  
33146

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

REGISTERED AGENT MUST SIGN

Date 1/22/03

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	Edwin Lanting	5808 San Vicente St.	Coral Gables, FL 33146
MGRM	Maurice Keizer	5808 San Vicente St.	Coral Gables, FL 33146

REINSTATEMENT 2001-2003

BK

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 1/22/03

Daytime Phone # 305-667-5979

Typed or printed name of signing Managing Member/Manager Maurice Keizer

CR2E041 (10/02)