

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

AM 10:18

DOCUMENT # ~~6000001100~~ **L00000014108**

1. Limited Liability Company's Name  
**L.V. ADVERTISING, LLC**

900004717579--0  
 -12/11/01--01004-010  
 \*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address  
**2103 CORAL WAY**  
 Suite, Apt. #, etc. **502**  
 City & State **MIAMI, FL.**  
 Zip **33145** Country **USA**

3. Mailing Office Address  
**2103 CORAL WAY**  
 Suite, Apt. #, etc. **502**  
 City & State **MIAMI, FL.**  
 Zip **33145** Country **USA**

4. State/Country of Formation  
**FLORIDA/USA**

5. Date Organized or Qualified To Do Business in Florida  
**11/14/00**

6. FEI Number  
**65-106137** 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 **PHILIP E. GOSS, JR., ESQ**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7845 SW 53rd PLACE**  
 Suite, Apt. #, Etc.  
 City **MIAMI** State **FL** Zip Code **33143**

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 **[Signature]** Date **11/14/01**  
 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
D	SALVADOR VILOSO	2103 CORAL WAY #502 <del>MIAMI FL 33145</del>	MIAMI FL 33145
D	CARLOS LOPEZ	2103 CORAL WAY #502	MIAMI FL 33145
			REIN 100
			UBR 50
			150. <b>18</b>

**REINSTATEMENT 2001**

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 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 taxes 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 **[Signature]** Date **11/14/01** Daytime Phone # **305 856-4567**  
 Typed or printed name of signing Managing Member/Manager

CR2004 (10/00)