

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 18 PM 1:00

DOCUMENT # L01000009646

1. Limited Liability Company's Name

Templeton Media, LLC

100131244991
06/12/08--01041--010 ***693.75

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

2525 Ponce DeLeon Blvd

Suite, Apt. #, etc.

Fifth Floor

City & State

Coral Gables, Florida

Zip

33134

Country

USA

3. Mailing Office Address

PO Box 566658

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33256

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

06/18/2001

6. FEI Number

58-2632874

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

Martin L. Scheckner, CPA PA

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

2525 Ponce DeLeon Blvd

Suite, Apt. #, Etc.

5th Floor

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

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
MGR	Kevin King-Templeton	616 Lorna Lane	Los Angeles, CA 90049

REINSTATEMENT

W/O/P 04-08 [Signature]

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

[Signature]

Date 06/03/08

Daytime Phone # 310-883-5587

Typed or printed name of signing Managing Member/Manager

Kevin King-Templeton, Managing Member