

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

STATE  
RATIONS  
06 FEB 24 AM 9:41

DOCUMENT # L01000011555

**1. Limited Liability Company's Name**

Media at Play, LLC

000067305920  
03/07/06--01018--027 \*\*150.00

000067305920  
03/07/06--01018--028 \*\*150.00  
CR2E041 (8/05)

**2. Principal Office Address**

4545 36th Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

**3. Mailing Office Address**

4545 36th Street

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32811

Country

**4. State/Country of Formation**

FL / USA

**5. Date Organized or Qualified  
To Do Business in Florida**

7/16/2001

**6. FEI Number**

59-3730707

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

Joni Snyder

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

4545 36th Street

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

**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]  
REGISTERED AGENT MUST SIGN

Date 2/6/06

**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
<u>MEM</u>	<u>John Micelli</u>	<u>4545 36th Street</u>	<u>Orlando, FL 32811</u>

REINSTATEMENT 03-06

**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 2/16/06

Daytime Phone # 407-235-3206

Typed or printed name of signing Managing Member/Manager

John Micelli