

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

01000011920  
LIMITED LIABILITY COMPANY  
REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAY 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011920

1. Limited Liability Company's Name

35 media Publications, LLC.

2. Principal Office Address

170 N.W. 204 St.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33169

Country

USA

3. Mailing Office Address

170 N.W. 204 St.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip

33169

Country

USA

4. State/Country of Formation

FL.

5. Date Organized or Qualified  
To Do Business in Florida

7/19/2001

6. FEI Number

23-3097982

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

Robert Bakerman

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

170 N.W. 204 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33169

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

5/17/2003

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	Darren Paul	170 NW 204 Street	Miami, FL 33169
MGR	Evan Vogel	170 NW 204 Street	Miami, FL 33169

REINSTATEMENT

02-03  
Dec

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

5/15/2003

Daytime Phone #

917-523-2278

Typed or printed name of signing Managing Member/Manager

Darren Paul

CR2E041 (10/02)