

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000014589

Name and Mailing Address

2002 NOV 15 AM 11:41

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0004128 01 FP 0,352 **PRSR T3 0 0615 33428-477080



EXTREMEDIA, LLC
22080 ALTONA DRIVE
BOCA RATON FL 33428-4770



2. New Mailing Address

City, State, Zip

Principal Place of Business

22080 ALTONA DRIVE
BOCA RATON FL 33428

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/27/2001

6. FEI Number

65-1152695

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

SERGEANT, PHILIP
22080 ALTONA DRIVE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SERGEANT, PHILIP	22080 ALTONA DRIVE	BOCA RATON FL 33428

000009013970
11/15/02--01013--006 **150.00

REINSTATEMENT

2002

12. 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

11/06/02

Daytime Phone

(561) 866.7427

Typed or printed name of signing Managing Member/Manager