

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

FILED

1. DOCUMENT # L01000014850

Name and Mailing Address

0007536 01 FP 0.352 **PRSR T3 0 0615 33071-401107



MEDIAKEY, LLC
307 LAKEVIEW DR
CORAL SPRINGS FL 33071-4011

2002 DEC 31 AM 8:03

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
300009769663
12/31/02--01063--001 **150.00



US

CR2E084 (8/02)

2. New Mailing Address

1440 CORAL RIDGE DRIVE #118
Coral Springs FL 33071

Principal Place of Business

307 LAKEVIEW DR
CORAL SPRINGS FL 33071
US

3. New Principal Place of Business Address

1440 CORAL RIDGE DR #118
Coral Springs FL 33071

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

08/30/2001

6. FEI Number

65-1134419

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

SPALDING, SHANNON
2554 GULFSTREAM LN
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

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

1440 CORAL RIDGE DRIVE #118
Coral Springs FL 33071

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

Shannon Spalding
REGISTERED AGENT MUST SIGN

Date 12/15/02

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
mgr	Shannon Spalding	307 Lakeview Dr	Coral Springs FL 33071

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

Shannon Spalding

Date 12/15/02

Daytime Phone (954) 345-6400

Typed or printed name of signing Managing Member/Manager

SHANNON SPALDING