

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF
JAN SMITH
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000017396

Name and Mailing Address

02 DEC 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0011041 01 FP 0,352 **PRSRTH3 0 0615 33952-270350



DOUBLE SPIRAL MEDIA, LLC
1550 HARMONY DR
PORT CHARLOTTE FL 33952-2703

000009670750
12/24/02--01050--008 **150.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1550 HARMONY DR PORT CHARLOTTE FL 33952		5. Date Organized or Qualified To Do Business in Florida 10/09/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number L01000017396	Applied For <input checked="" type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent ESTIME, GILBERT 17454 SW 79 COURT MIAMI FL 33157		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: CINDY BAUMHARDT Street Address (P.O. Box Number is Not Acceptable): 1550 HARMONY DR City: PORT CHARLOTTE FL 33952			
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: CINDY L. BAUMHARDT REGISTERED AGENT MUST SIGN Date: 11-28-02			
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
MGRM	VAZQUEZ, KRISTIAN E	CALLE DE ARADO #26/FRACCIONAMICINTO VILLAS	DE LA HACIENDA MUNICIPIO
MGRM	BAUMHARDT, CINDY	1550 HARMONY DR.	PORT CHARLOTTE FL 33952
AL 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: CINDY BAUMHARDT
Date: 11-28-02
Daytime Phone #: 941-625-8138

Typed or printed name of signing Managing Member/Manager: CINDY BAUMHARDT

CR2E084 (8/02)