

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

04 APR -5 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L02000000084**

1. Limited Liability Company's Name

WORLDWIDE MULTI-MEDIA, L.L.C.

700031842837
04/05/04--01063--002 **200.00

2. Principal Office Address

4504 S. HALE AVE.

Suite, Apt. #, etc.

City & State

TAMPA FL.

Zip

33611

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33611

Country

USA

4. State/Country of Formation

FL / USA

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

1/11/02

6. FEI Number

26-0004751

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

KEVIN MATHERSON

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

4504 S. HALE AVE

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33611

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

Ken S. Matherson

REGISTERED AGENT MUST SIGN

Date

4/1/04

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
MGRM PRINCIPAL	KEVIN MATHERSON	4504 S. HALE AVE.	TAMPA, FL 33611
			2003
			REINSTATEMENT 2004
			JB 4-13-04

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

Ken S. Matherson

Date

4/1/04

Daytime Phone #

813 837-4026

Typed or printed name of signing Managing Member/Manager

KEVIN MATHERSON

CR2E041 (9/01)