

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

L02000001171

03 NOV 21 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001171
Name and Mailing Address

0005317 01 AT 0.292 **AUTO T1 0 0615 33065-600800
EMEDIA MOTION, LLC
3500 WILDFLOWER DRIVE
CORAL SPRINGS FL 33065-6008

US



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3500 WILDFLOWER DRIVE CORAL SPRINGS FL 33065 US		5. Date Organized or Qualified To Do Business in Florida 01/15/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent MARTINEZ, FRANCES C 3500 WILDFLOWER DRIVE CORAL SPRINGS FL 33065		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 800024937348 11/21/03--01084--015 **55.00 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 <i>Frances C. Martinez</i> Date <i>Nov 18, 03</i> 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
MGR	MARTINEZ, FRANCES C	3500 WILDFLOWER DRIVE	CORAL SPRINGS FL 33065
REINSTATEMENT 2003 BFL			

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 *Frances C. Martinez* Date *11/18/03* Daytime Phone # *954-344-9857*

Typed or printed name of signing Managing Member/Manager *Frances C. Martinez*

LO20000061171

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eMedia Motion LLC
3500 Wildflower Drive
Coral Springs, FL 33065

Florida Department of State
Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

To whom it may concern:

In late August of this year, I received a notice from you that my 2003 Uniform Business Report needed to be filed by September 24th of this year. In the letter it gave me an option of filling out the report on-line, which I did in early September using my company credit card and paying, or so I thought \$50.00 to file the report. I was very much surprised when I received another notice last month saying that I had failed to file the report on time and the fee had now gone up to \$150.00. My company focuses on Internet technology so I am very quick to use Internet options as they become available. I was very disappointed that your on-line reporting tool did not register my report. I called to voice my concern to your office and was advised to write this letter and send my \$50.00 with the letter in lieu of the fact that the on-line tool did not process my report.

Please accept my \$50.00 registration fee as agreed on the phone to register my company. If any additional action is required on my part, please advise as soon as possible. I would hate to think that by using your internet option on-time that my business is in jeopardy.

Thank you and regards,
Chris Martinez
President, eMedia Motion, LLC
(954) 344-9857

Grace Christine Martinez