

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT



**L02000001171**  
 FILED

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



BK

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/15/2002	
Principal Place of Business 3500 WILDFLOWER DRIVE CORAL SPRINGS FL 33065 US	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	Zip Code FL

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: Frances C. Martinez REGISTERED AGENT MUST SIGN  
 Date: Nov 18, 03

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  
 BK

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 24<sup>th</sup> 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*