

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000004408  
Name and Mailing Address

0005671 01 AT 0.292 \*\*AUTO T3 0 0615 33125-311623  
NON-STOP TV, LLC  
1023 NW 24TH AVE.  
MIAMI FL 33125-3116

300025770693  
12/26/03--01031--009 \*\*155.00



2. New Mailing Address <b>333 S.W. 30RD #3</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>MIAMI, FL 33129</b>		5. Date Organized or Qualified To Do Business in Florida <b>02/25/2002</b>	
Principal Place of Business <b>1023 NW 24TH AVE. MIAMI FL 33125</b>	3. New Principal Place of Business Address <b>333 S.W. 30RD. #3</b>		6. FEI Number <b>03-0405548</b>
	City, State, Zip <b>MIAMI, FL 33129</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent <b>DUNKLEY, LINDSAY 1023 NW 24TH AVE. MIAMI FL 33125</b>		9. Name and Address of New Registered Agent Name <b>MARLON Leyva</b> Street Address (P.O. Box Number is Not Acceptable) <b>333 SW 30 RD #3</b> City <b>MIAMI</b> FL <b>33129</b>	
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 <b>SIGNATURE REQUIRED</b> Date <b>12-16-2003</b> 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
<b>MGRM</b>	<b>MARLON Leyva</b>	<b>333 SW 30 RD #3</b>	<b>MIAMI, FL 33129</b>

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

SIGNATURE REQUIRED

Date **12-16-2003**

Daytime Phone # **305-360 9740**

Typed or printed name of signing Managing Member/Manager