


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
700030476137
03/15/04--01056--003 **200.00

DOCUMENT # L02000016031

1. Limited Liability Company's Name
CYAN MULTIMEDIA LLC

2. Principal Office Address <u>5165 N.E 2nd CT #4</u>		3. Mailing Office Address <u>5165 NE 2ND CT</u>	
Suite, Apt. #, etc. <u>4</u>		Suite, Apt. #, etc. <u>4</u>	
City & State <u>MIAMI, FLORIDA</u>		City & State <u>MIAMI, FLORIDA</u>	
Zip <u>33137</u>	Country <u>USA</u>	Zip <u>33137</u>	Country <u>USA</u>

4. State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida
06-26-02

6. FEI Number
02-0615555

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
PABLO LIBERATORI

Street Address (P.O. Box Number is Not Acceptable)
440 15th street #

Suite, Apt. #, Etc.
11

City
MIAMI BEACH, FL

State
FL

Zip Code
33139

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 Liberatori Date 3/11/04

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>PABLO LIBERATORI</u>	<u>440 15th st # 11</u>	<u>MIAMI BEACH, FL 33139</u>

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 Liberatori Date 3/11/04 Daytime Phone # 305-751-9635

Typed or printed name of signing Managing Member/Manager PABLO LIBERATORI

CR2E041 (10/02)