

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L02000016031

1. Limited Liability Company's Name

CYAN MULTIMEDIA LLC

FILED

04 APR 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700030476137
03/15/04--01056--003 **200.00

2. Principal Office Address

5165 N.E 2nd CT #4

Suite, Apt. #, etc.

4

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

3. Mailing Office Address

5165 NE 2ND CT

Suite, Apt. #, etc.

4

City & State

MIAMI, FLORIDA

Zip

33137

Country

USA

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

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

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

REGISTERED AGENT MUST SIGN

Date 3/11/04

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	PABLO LIBERATORI	440 15th St # 11	MIAMI BEACH, FL 33139

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)