

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 29 AM 8:47

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # ~~LD200017166~~

1. Limited Liability Company's Name

Mind and Media, LLC

LD2000017166

2. Principal Office Address

3732 SE 13th Terrace

Suite, Apt. #, etc.

City & State

Gainesville FL.

Zip

32641

Country

USA

3. Mailing Office Address

3732 SE 13th Terrace

Suite, Apt. #, etc.

City & State

Gainesville FL.

Zip

32641

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

48-1268674

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

Martin Banks

Street Address (P.O. Box Number Is Not Acceptable)

3732 SE 13th Terrace

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32641

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

Martin Banks

REGISTERED AGENT MUST SIGN

Date

7/25/2005

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	Martin Banks	3732 SE 13th Terrace	Gainesville FL 32601
			100037389851 05/28/04--01004--002 **200.00
			100037389851 07/29/05--01004--001 **55.00

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

Martin Banks

Date

7/25/2005

Daytime Phone #

3527450329

Typed or printed name of signing Managing Member/Manager

Martin Banks

CR2E041 (10/02)