

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

2003 NOV 20 AM 11:21

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017990

Name and Mailing Address

0007697 01 AT 0.292 **AUTO T9 0 0615 33180-152904



MAD MARKETING SOLUTIONS, LLC
20533 BISCAYNE BOULEVARD BLDG 4 STE. 391
AVENTURA FL 33180-1529



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 07/16/2002

Principal Place of Business
20533 BISCAYNE BOULEVARD BLDG 4 STE. 391
AVENTURA FL 33180

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number
NOT APPLICABLE
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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET 4TH FL
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

600024893386

11/20/03--01076--004 **150.00

City

FL

Zip Code

10. I, being appointed as a registered agent, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/18/03

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	LEVY, STEVEN	20533 BISCAYNE BLVD. BLDG 4, STE 391	Aventura, FL, 33180
MGR	Newlove, Tone	20533 BISCAYNE BLVD. BLDG 4, STE 391	Aventura, FL, 33180

REINSTATEMENT 2003

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 11/08/03

Daytime Phone # 305-788-8300

Typed or printed name of signing Managing Member/Manager

STEVEN LEVY