

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 PM 1:28

DOCUMENT # **L02000019248**

1. Limited Liability Company's Name

Eagle Media, LLC

2. Principal Office Address

2385 Executive Center Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, Florida

Zip

FL 33431

Country

USA

3. Mailing Office Address

2385 Executive Center Dr.

Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, Florida

Zip

FL 33431

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

7/29/2002

6. FEI Number

54-2065229

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

Chris Reynolds

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

2385 Executive Center Dr. 12/11/03--01047--003 **155 00

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State

FL

Zip Code

33431

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

REGISTERED AGENT MUST SIGN

Date 12/10/2003

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	Chris Reynolds	2385 Executive Center Dr., Suite 100	Boca Raton, FL33431
MGRM	David Stewart	2385 Executive Center Dr., Suite 100	Boca Raton, FL33431

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

Date 10/12/2003

Daytime Phone # 561 289 2954

Typed or printed name of signing Managing Member/Manager Chris Reynolds

CR2E041 (10/02)