

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

LU2000026481

FILED
08 JAN -7 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Yaun Advertising, L.L.C.

2. Principal Office Address

1538 Metropolitan Blvd.

Suite, Apt. #, etc.

B-1

City & State

Tallahassee, Florida

Zip

32308

Country

US

3. Mailing Office Address

1538 Metropolitan Blvd

Suite, Apt. #, etc.

B-1

City & State

Tallahassee, Florida

Zip

32308

Country

US

4. State/Country of Formation

Florida / US

5. Date Organized or Qualified
To Do Business in Florida

10/08/2002

6. FEI Number

33 102 5213

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

Gloria Yaun

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

1538 Metropolitan Blvd

Suite, Apt. #, Etc.

Suite B-1

City

Tallahassee

700114874967

01/14/08--01003--012 **200 00

State

FL

Zip Code

32308

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

Jan 2, 07
[Signature]

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
<i>Per</i> <i>mbem</i>	<i>Gloria Yaun</i>	<i>2689 Salt Road</i>	<i>Monticello, FL 32344</i>
			700114874967 01/14/08--01003--012 **177.50

REINSTATEMENT 2007-2008

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

[Signature]
Gloria M. Yaun

Date

Jan 2, 07

Daytime Phone #

850-844-9200

Typed or printed name of signing Managing Member/Manager

Gloria M. Yaun