

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE

NON-PROFIT CORPORATIONS

1. DOCUMENT # L02000031564

Name and Mailing Address

0005762 01 AT 0.292 **AUTO T3 0 0615 33127-181800
THE MIAMI TIMES VENTURES, L.L.C.
900 N.W. 54TH STREET
MIAMI FL 33127-1818

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REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/22/2002	
Principal Place of Business 900 N.W. 54TH STREET MIAMI FL 33127	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 71-0916188	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NORRIS-WEEKS, BURNADETTE ESQ 100 SOUTHEAST 6TH STREET FT LAUDERDALE FL 33301	9. Name and Address of New Registered Agent Name Rachel J Reeves Street Address (P.O. Box Number is Not Acceptable) 900 NW 54 Street City Miami FL Zip Code 33127
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10. 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

Rachel J Reeves
REGISTERED AGENT MUST SIGN

Date 12/26/2003

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
MGRM	Rachel J Reeves	900 NW 54 Street	Miami, FL 33127
MGR	Garth B Reeves	900 NW 54 Street	Miami, FL 33127
MGR	Garth C Reeves	900 NW 54 Street	Miami, FL 33127
2003			
REINSTATEMENT			
300025813353 12/29/03--01050--011 **150.00			

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

Rachel J Reeves
REGISTERED AGENT MUST SIGN

Date 12/26/2003 Daytime Phone # 305-694-6210

Typed or printed name of signing Managing Member/Manager Rachel J. Reeves