

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations

Division of Corporations

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000031570

Name and Mailing Address

0005767 01 AT 0.292 **AUTO T3 0 0615 33127-181800



THE MIAMI TIMES ONLINE, L.L.C.
900 NW 54TH STREET
MIAMI FL 33127-1818

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REINSTATEMENT 2003

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|--|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 11/25/2002 | |
| Principal Place of Business 900 NW 54TH STREET MIAMI FL 33127 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 71-0916185 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent NORRIS-WEEKS, BURNADETTE ESQ. 100 SOUTHEAST 6TH STREET FT. LAUDERDALE FL 33301 | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 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 | | 12/29/03--01050--010 **150.00 | |
| 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 <i>Rachel J Reeves</i> 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 Steet | 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 |
| 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 <i>Rachel J Reeves</i> Date 12/26/2003 Daytime Phone # 305-694-6210 Typed or printed name of signing Managing Member/Manager Rachel J Reeves | | | |

CR20084 (7/03)