


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 MAR -1 AM 9:26	
DOCUMENT # <u>LU2000034414</u>					
1. Limited Liability Company's Name <u>Telemedia Holdings, LC</u>					
2. Principal Office Address <u>1791 NE 4TH AVE</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>631 OLD HICKORY BLVD.</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FL - USA</u>	
City & State <u>FT LAUDERDALE FL</u>		City & State <u>OLD HICKORY, TN.</u>		5. Date Organized or Qualified To Do Business in Florida <u>12/20/02</u>	
Zip <u>33305</u>	Country <u>USA</u>	Zip <u>37138</u>	Country <u>USA</u>	6. FEI Number <u>76-0721688</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent					
Name <u>William Gates</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>1791 NE 4TH AVE</u>					
Suite, Apt. #, Etc. —					
City <u>FT LAUDERDALE</u>				State <u>FL</u>	Zip Code <u>33305</u>
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 <u>[Signature]</u>				Date <u>2/21/05</u>	
REGISTERED AGENT MUST SIGN					
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	
<u>MR</u>	<u>William Gates</u>	<u>1791 NE 4TH AVE</u>		<u>FT LAUDERDALE FL 33305</u>	
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 <u>[Signature]</u>		Date <u>2/21/05</u>		Daytime Phone # <u>609 744 3464</u>	
Typed or printed name of signing Managing Member/Manager <u>William Gates</u>					

CR20041 (10/02)