

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CR2E041 (12/07)

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> L03000002864 1. Limited Liability Company's Name <b>EM2 COMMUNICATIONS, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>2821 NORTHEAST 185TH ST., Suite 403</b> Suite, Apt. #, etc.		3. Mailing Office Address  Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State  	
Zip <b>33180</b>	Country  	Zip  	Country  
<b>4. State/Country of Formation</b> FL/USA			
<b>5. Date Organized or Qualified To Do Business in Florida</b> 1/24/2003			
<b>6. FEI Number</b> 51-0444973		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
<b>8. Name and Address of Current Registered Agent</b> Name <b>MOHAMED MOUSSA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1082 NW 163RD ST</b> Suite, Apt. #, Etc.  City <b>MIAMI</b>			
State <b>FL</b>		Zip Code <b>33169</b>	
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><i>Mohamed Moussa</i></u> Date <u>1/29/2009</u> REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KEITH W. MORAN	34 BROWN PLACE	RED BANK, NJ 07701
<b>REINSTATEMENT 2007-2009</b>			
<b>11.</b> 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><i>Keith W. Moran</i></u>		Date <u>1/29/2009</u> Daytime Phone # <u>732-842-1593</u>	
Typed or printed name of signing Managing Member/Manager <u>KEITH W. MORAN</u>			

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To: Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Date: January 29, 2009

From: Keith W. Moran  
Managing Member of EM2 Communications LLC.  
34 Brown Place  
Red Bank, NJ 07701

RE: Reinstatement of EM2 Communications LLC. Document # L03000002864

To Whom It May Concern,

We had no idea that the person in charge of filing the annual reports did not do so for 3 years. In addition, we have not received a letter or notice stating annual report fees were due.

We respectfully request that you reinstate EM2 Communications LLC. We include a check for \$416.25 made payable to the: Department of the State (annual report fees of \$138.75 for years 2007, 2008 and 2009). We have attached a signed Limited Liability Company Reinstatement form.

If you have any questions call me at 305-945-7892.

Thank you for your prompt response,

A handwritten signature in black ink, appearing to read 'Keith W. Moran', with a long, horizontal, wavy line extending to the right.

Keith W. Moran,  
Managing Member of EM2 Communications LLC