

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
FILED  
DIVISION OF STATE  
CORPORATIONS

06 FEB -8 AM 10:55

DOCUMENT #

LU3000013807

1. Limited Liability Company's Name

Big-J Media, LLC

200066207592  
02/20/06--01049--025 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address

P.O. BOX 818

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 818

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Clearwater, FL

Zip

33757

Country

US

Zip

33757

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

4-17-2003

6. FEI Number

51-0462251

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

Randolph J. Wolfe

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

100 North Tampa Street, Ste 2700

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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

Randy Wolfe

REGISTERED AGENT MUST SIGN

Date 1-11-06

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
mgr	James F. Kleinhans	920 Clearwater/Largo Rd.	Largo FL 33770

REINSTATEMENT 04-06

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]

Date 1-11-06

Daytime Phone # 813-404-2002

Typed or printed name of signing Managing Member/Manager