

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 21 AM 8:20

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000014611

1. Limited Liability Company's Name

PUNCHLINE MEDIA LLC

2. Principal Office Address

3061 NE 4th Ave.

Suite, Apt. #, etc.

Suite B

City & State

WILTON MANORS

Zip

33334

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA / BROWARD COUNTY

5. Date Organized or Qualified
To Do Business in Florida

4/21/2003

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

MARCIA MESTRE

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

4141 NW 5th ST

Suite, Apt. #, Etc.

SUITE 100.

City

PLANTATION

State

FL

Zip Code

33317-2158

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

Marcia Mestre

Date 12-18-2006

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 |
|--------|--------------------------------------|---|---------------------|
| MGRM | CLIVE JOHNSON | 3061 NE 4th Ave | WILTON MANORS 33334 |
| MBR | MARCIA MESTRE | 4141 NW 5th ST | PLANTATION FL 33317 |
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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

Marcia Mestre

Date

12/18/06

Daytime Phone #

305 331-8760

Typed or printed name of signing Managing Member/Manager

DIDN'T RECEIVE REPORT