

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV -7 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000021755**

1. Limited Liability Company's Name

Global Media Productions, LLC

KS

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

22136 Palms Way

3. Mailing Office Address

22136 Palms Way

Suite, Apt. #, etc.

#103

Suite, Apt. #, etc.

#103

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip

33433

Country

USA

Zip

33433

Country

USA

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

2003

6. FEI Number

450515964

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

Edward Shaland

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

22136 Palms Way #103

Suite, Apt. #, Etc.

#103

City

Boca Raton

State

FL

Zip Code

33433

E-mail Address:

300253649413

11/07/13--01023--007 **516.25

edshaland@hotmail.com

(To be used for future annual report notices)

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

Edward Shaland

Date

11/6/13

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	Edward Shaland	22136 Palms Way #103	Boca Raton FL 33433

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Edward Shaland

Date

11/6/13

Daytime Phone #

561-503-8991

Typed or printed name of signing Managing Member/Manager

Edward Shaland