L03000040857

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LIMITED LIABILITY REINSTATEMENT

IN THE ZONE TV-LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000040857

1. Limited Liability Company's Name
In the Zone Tv-LLC

2. Principal Office Address		**3.** Mailing Office Address	
1 Capitol Center		1 Capitol Center	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 400		Ste 400	
City & State		City & State	
St. Petersburg, FL		St. Petersburg, FL	
Zip	Country	Zip	Country
33701	United States	33701	United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/24/2003

6. FEI Number: 59-3784381 ☐ 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: Business Filings Incorporated

Street Address (P.O. Box Number is Not Acceptable): 1203 Governors Square Blvd.

Suite, Apt. #, Etc.: Suite 101

City: Tallahassee | State: FL | Zip Code: 32301-2960

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: M. Will Date: 5/2/08

REGISTERED AGENT MUST SIGN Business Filings Incorporated, Mark Williams, AVP

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
Managing Member	H. JOHN CEO MEJIA	1 Capitol Center, Ste. 400	St. Petersburg, FL 33701
Managing Member			

REINSTATEMENT 04,08

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: H. John Date: 5-16-08 Daytime Phone #: 727-423-7536

Typed or printed name of signing Managing Member/Manager: H. JOHN CEO MEJIA

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