

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04088011752

1. Limited Liability Company's Name

MDP LICENSING LLC

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

5200 BLUE LAGOON

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

700

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33126

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

02.12.2004

6. FEI Number

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

MIAMI CORPORATE SYSTEMS

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

283 CATALONIA AVE

Suite, Apt. #, Etc.

FLOOR 2

City

CORAL GABLES

State

FL

Zip Code

33134

E-mail Address:

email@albertcohen.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

[Signature] PP Miami Corp Systems 06.03.2011
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
<u>MGR</u>	<u>MARQUES DE PAIVA,</u> <u>SYDNEY</u>	<u>5200 BLUE LAGOON</u> <u># 700</u>	<u>MIAMI FL 33126</u>

REINSTATEMENT 2009-11

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

Date

06.03.2011

Daytime Phone #

305 4474023

Typed or printed name of signing Managing Member/Manager

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

11 JUN -6 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 27, 2011

ALBERTO COHEN
MDP LICENSING LLC
5200 BLUE LAGOON #700
MIAMI, FL 33126

SUBJECT: MDP LICENSING, LLC
Ref. Number: L04000011752

We have received your document for MDP LICENSING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your entity was administratively dissolved or its certificate of authority was revoked for failure to file the annual report/uniform business report as required by law. To reinstate this entity complete the enclosed application/report form.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2009 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 311A00013148