

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 29 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000048481

1. Limited Liability Company's Name

1980 Multimedia LLC.

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

1002 NW 80th Ter

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip  
33322

Country  
USA

3. Mailing Office Address

1002 NW 80th Ter

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip  
33322

Country  
USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

06/29/2004

6. FEI Number

20-0034080

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

Kiwami Livingston

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

1002 NW 80th Ter

Suite, Apt. #, Etc.

City  
Plantation

State  
FL

Zip Code  
33322

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 04/27/2007

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	Kiwami Livingston	1002 NW 80th Ter	Plantation, FL, 33322
			100108016141 07/12/07-01045-011 **255.00
			REINSTATEMENT
			05, 07

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

Date 04/27/2007

Daytime Phone # 954 709 9206

Typed or printed name of signing Managing Member/Manager

KIWAMI LIVINGSTON