

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 OCT -6 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000049763

1. Limited Liability Company's Name

STIR-Communications, LLC

CR2E041 (10/08)

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

21738 Marigot Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

United States

3. Mailing Office Address

21738 Marigot Drive

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33428

Country

United States

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified

To Do Business in Florida June 2004

6. FEI Number

84-1645700

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

Greg Salsburg

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

21738 Marigot Drive

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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 **September 21, 2009**

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
Founder	Greg Salsburg	21738 Marigot Drive	Boca Raton, FL, 33428
			600161241116 10/01/09--01034--002 **138.75
			600161241116 10/07/09--01020--013 **593.75

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 **9/21/09**

Daytime Phone# **561-386-8064**

Typed or printed name of signing Managing Member/Manager **Greg Salsburg, Founder, STIR-Communications**