


L05000005213

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	---	--

FILED
06 NOV -6 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000005213

1. Limited Liability Company's Name

Larkin Publishing, LLC

CR2E041 (8/05)

2. Principal Office Address 17018 Brookwood Drive Suite, Apt. #, etc. City & State Boca Raton, Florida Zip 33496		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Boca Raton, Florida Zip Country	
---	--	--	--

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 1/18/05	
6. FEI Number 41-2165314	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Andrew J. Larkin		
Street Address (P.O. Box Number is Not Acceptable) 17018 Brookwood Drive		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33496

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 _____ Date 11/01/06

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
Mgr. Mem.	Andrew J. Larkin	17018 Brookwood Drive	Boca Raton, Fl. 33496

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 11/01/06 Daytime Phone # (561) 400-2625

Typed or printed name of signing Managing Member/Manager Andrew J. Larkin



CORPORATION SERVICE COMPANY

LO5000005213

ACCOUNT NO. : 072100000032

REFERENCE : 579174 5840A

AUTHORIZATION

COST LIMIT : \$ 150.00

FILED
06 NOV -6 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 6, 2006

ORDER TIME : 11:58 AM

ORDER NO. : 579174-005

CUSTOMER NO: 5840A

nm

DOMESTIC FILINGS

NAME: LARKIN PUBLISHING, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 NOV -6 PM 12:54
TO AVOID FILING
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman - Ext# 2908

EXAMINER'S INITIALS _____