


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

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 33496	
Country Palm Beach	Country	Country	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

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

CR2E041 (8/05)

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

REINSTATEMENT 2006 800081538948

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



LO5000005213

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
 REFERENCE : 579174 5840A
 AUTHORIZATION : *[Signature]*
 COST LIMIT : \$ 150.00

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 TALLAHASSEE, FLORIDA

ORDER DATE : November 6, 2006
 ORDER TIME : 11:58 AM
 ORDER NO. : 579174-005
 CUSTOMER NO: 5840A

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DOMESTIC FILINGS

NAME: LARKIN PUBLISHING, LLC

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