

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 NOV 16 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L05000015350**

**1. Limited Liability Company's Name**

**C H O MEDIA GROUP, LLC**

CR2E041 (1/07)

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

**332 E 12 STREET**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

**City & State**

**HIALEAH, FL**

**City & State**

**Zip**

**33012**

**Country**

**Zip**

**Country**

**4. State/Country of Formation**

**FLORIDA**

**5. Date Organized or Qualified  
To Do Business in Florida**

**02/15/2005**

**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**

**RIGOBERTO ARMENTEROS**

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

**332 E 12 STREET**

Suite, Apt. #, Etc.

**City**

**HIALEAH**

**State**

**FL**

**Zip Code**

**33012**

☒ **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**

*Rigoberto Armenteros*

**REGISTERED AGENT MUST SIGN**

**Date** **11-15-07**

**10. Names and Street Addresses of Managing Members/Managers**

<b>Titles</b>	<b>Name of Managing Members/Managers</b>	<b>Street Address of Each Managing Member/Manager</b>	<b>City / State / Zip</b>
<b>MGRM</b>	<b>RIGOBERTO ARMENTEROS</b>	<b>332 E 12 STREET</b>	<b>HIALEAH, FL 33012</b>

**REINSTATEMENT**

**06-07**

**300112462353**  
**11/20/07--01042--001 \*\*100.00**

**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** *Rigoberto Armenteros*

**Date** **11-15-07**

**Daytime Phone #**

**Typed or printed name of signing Managing Member/Manager**

ECFS

EXPRESS CORPORATE FILING SERVICE, INC  
1000 PONCE DE LEON BLVD., STE: 101  
CORAL GABLES, FL 33134  
PH: (305)444-4994 FAX: (305)444-4977

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CHO MEDIA GROUP, LLC 205000015350  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input checked="" type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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