## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 08 JAN 11 76 H: 05 SECKLA II. LAKTE TALLAHA SECELI LORIDA DOCUMENT # L05000017246 1. Limited Liability Company's Name Medina Favis Publishing, LLC CR2E041 (1/07) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2927 Langdon Ln, S P. O. Box 1227 Florida, USA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida 02/21/2005 City & State City & State Kissimmee, FL **2**0-2390489 Applied For Fort Pierce, FL Not Applicable 34741 34954-1227 Country CERTIFICATE OF STATUS DESIRED USÁ \$5.00 Additional Fee required for a Certificate of Status 8. Name and Address of Current Registered Agent Carlo Roberto C. Favis A \$100 reinstatement fee is imposed, except in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 reinstatement be waived. 34947° Kissimmee 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, Estimated liability company, am familiar with and accept the obligations of Chapter 608. Signature of Registered Agent REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members/Managers Street Address of Each Managing Member/Manager Titles City / State / Zip MGRM Carlo Roberto C. Favis 2927 Langdon Ln, S Kissimmee, FL 34741 MGRM | Martin Angelo C. Favis 12 Lydia Dr. West New York, NJ 07093 MGRM Kariz Tanya M. Favis 12 Lydia Dr. West New York, NJ 07093 MGRM Marilyn C. Favis 9420 Bunting Lane Fort Pierce, FL 34951 MGRM Diether Ocampo 12 Lydia Dr. West New York, NJ 07093 11. I certify that I am managing member/manager or the receiver or trustees 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. \_\_\_\_\_\_ Date 12/7/07 Managing Member/Manager Daytime Phone # 4079618637

CARLO C FAVIS

Typed or printed name of signing Managing Member/Manager