

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -3 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05-000041467

1. Limited Liability Company's Name

POMPANO ADVERTISING, LLC

09

CR2E041 (10/08)

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

3801 N FEDERAL HWY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BCH, FL

City & State

Zip

33064

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida 04/27/05

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
JOHN GAUDIOSI

Street Address (P.O. Box Number is Not Acceptable)
3801 N FEDERAL HWY

Suite, Apt. #, Etc.

City
POMPANO BCH

State
FL

Zip Code
33064

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

John Gaudiosi

Date 10/20/09

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	JOHN GAUDIOSI	3801 N FEDERAL HWY	POMPANO BCH, FL 33064
<p>REINSTATEMENT Without Penalty 2009 up 11/4/09</p> <p>160162410451 11/02/09 --01063--009 **138.75</p>			

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

John Gaudiosi

Date 10/20/09

Daytime Phone# 954-785-1300

Typed or printed name of signing Managing Member/Manager JOHN GAUDIOSI