PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 18 AM 10:40

DOCUMENT # ~~M~~ L05000050794

1. Limited Liability Company's Name

L4 Media Group, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
		601 Carlson Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		Suite 600	
City & State		City & State	
		Minnetonka, MN	
Zip	Country	Zip	Country
		55305	USA

4. State/Country of Formation
Minnesota

5. Date Organized or Qualified To Do Business in Florida 5-25-2005

6. FEI Number
84-1679094
☐ 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
Mark Mayo

Street Address (P.O. Box Number is Not Acceptable)
219 Salt Grass Place

Suite, Apt. #, Etc.

City	State	Zip Code
Melbourne Beach	FL	32951

☒ 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 _____ Date 12/15/2008
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
CEO	Rick Ehrman	601 Carlson Parkway, Suite 600	Minnetonka, MN 55305
		100139244011 12/23/08--01034--004 **38.75	
	REINSTATEMENT 2007-2008		

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 12/15/2008 Daytime Phone# 612-202-4980

Typed or printed name of signing Managing Member/Manager Rick Ehrman