

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 OCT 21 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700136977127  
10/16/08--01022--007 \*\*288.75

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 05000063069

1. Limited Liability Company's Name

FOTONEWS LLC

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

1521 ALTON RD

Suite, Apt. #, etc.

654

City & State

MIAMI BEACH, FLORIDA

Zip

33139

Country

MIAMI DADE

3. Mailing Office Address

1521 ALTON RD

Suite, Apt. #, etc.

654

City & State

MIAMI BEACH, FL

Zip

33139

Country

MIAMI DADE

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number  
20-3055796

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

ENRIQUE SAEZLER

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

1521 ALTON RD

Suite, Apt. #, Etc.

654

City

MIAMI BEACH

State

FL

Zip Code

33139

☐ 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

REGISTERED AGENT MUST SIGN

Date OCT 8, 2008

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	ENRIQUE SAEZLER	1521 ALTON RD #654,	MIAMI BEACH, FL 33139

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 OCT 8, 2008 Daytime Phone #

Typed or printed name of signing Managing Member/Manager