

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 JUN 16 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L05000065809

1. Limited Liability Company's Name

VISION MEDIA MANAGEMENT, LLC

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

4404 TUNA DRIVE

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

Zip

33417

Country

HILLSBORO

3. Mailing Office Address

4404 TUNA DRIVE

Suite, Apt. #, etc.

N/A

City & State

TAMPA, FL

Zip

33417

Country

HUSBAND

500157289475

06/16/09--01073--008 \*\*416.00

CR2E041 (10/08)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

JULY 5, 2005

6. FEI Number

38-3738329

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

NAKIA HICKS

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

4404 TUNA DRIVE

Suite, Apt. #, Etc.

N/A

City

TAMPA

State

FL

Zip Code

33417

☒ 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

Nakia Hicks

REGISTERED AGENT MUST SIGN

Date 6.10.09

**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	NAKIA HICKS	4404 TUNA DRIVE - TAMPA FL 33417	TAMPA, FL 33417

REINSTATEMENT 07-09

500157289475

06/16/09--01073--009 \*\*5.00

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

Nakia Hicks

Date

6.10.09

Daytime Phone #

347.423.2692