

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 APR 10 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LS000074082

1. Limited Liability Company's Name
TCM Media Associates, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5880 Midnight Pass Road		3. Mailing Office Address 3316 Willow Glen Drive	
Suite, Apt. #, etc. #701		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Oak Hill, VA	
Zip 34242	Country USA	Zip 20171	Country USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
7/29/2005

6. FEI Number 13-3919614	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED **\$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee	State FL	Zip Code 32301
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900258896029

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *Sue G. Knight* **Sue G. Knight**
Assistant Vice President Date 4-9-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	Anthony J. Malara	3316 Willow Glen Drive	Oak Hill, VA 20171

REINSTATEMENT 2010-2014

APR 10 2014

L. SELLERS

11. E-mail Address: tmalara@americanstaffing.net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager *A. Malara* Date 03-31-2014 Daytime Phone # 703-870-7584

Typed or printed name of signing Authorized Representative/Manager Anthony J. Malara, Authorized Representative



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 087107 4983A

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$ 793.75

ORDER DATE : April 8, 2014

ORDER TIME : 2:44 PM

ORDER NO. : 087107-025

CUSTOMER NO: 4983A

DOMESTIC FILINGS

NAME: TCM MEDIA ASSOCIATES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____