FILED

07 OCT -3 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L06000035357

1. Limited Liability Company's Name
Escape Media Group, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
201 SE 2nd Avenue		201 SE 2nd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
209		209	
City & State		City & State	
Gainsville, FL		Gainsville, FL	
Zip	Country	Zip	Country
32601	USA	32601	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/31/06

6. FEI Number: 65-1272881 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐

8. Name and Address of Current Registered Agent

Name: Samuel Tarantino III

Street Address (P.O. Box Number is Not Acceptable): 201 SE 2nd Avenue

Suite, Apt. #, Etc.: 209

City: Gainsville State: FL Zip Code: 33713

☒ 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: [signature] Date: 9/25/2007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Samuel Tarantino III	201 SE 2nd Avenue	Gainsville, FL 33713
MGR	Joshua Greenberg-Sanders	201 SE 2nd Avenue	Gainsville, FL 33713
MGR	Andres Barreto	201 SE 2nd Avenue	Gainsville, FL 33713

REINSTATEMENT (01)

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: [signature] Date: 9/25/2007 Daytime Phone#: 727-410-4890

Typed or printed name of signing Managing Member/Manager: Samuel Tarantino III

FL110 - 1/7/07 C T System Online

Florida Department of State

Division of Corporations
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Division of Corporations
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RE-SUBMIT
Please retain original filing date of submission 10/3/07

LIMITED LIABILITY REINSTATEMENT

ESCAPE MEDIA GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	~~$150.00~~

(Penalty Fee Waived)

$ 50.00

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