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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 25 AM 11:25

DOCUMENT # L06000039619

1. Limited Liability Company's Name

FLORIDA MEDIA DISTRIBUTION LLC

CR2E041 (12/07)

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

6800 NW 39 AVE LOTE 137

Suite, Apt. #, etc.

3. Mailing Office Address

6800 NW 39 AVE LOTE 137

Suite, Apt. #, etc.

City & State

COCONUT CREEK

City & State

COCONUT CREEK

Zip

33073

Country

US

Zip

33073

Country

US

4. State/Country of Formation

FL - US

5. Date Organized or Qualified
To Do Business in Florida

04-17-2006

6. FEI Number

20-4711204

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

Raul Ferra

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

6800 NW 39 Ave Lote 137

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

☒ 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]

REGISTERED AGENT MUST SIGN

Date 02-18-08

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
MEM	Ferra, Raul J. Jr.	6800 NW 39 Ave. Lot 137	Coconut Creek, FL 33073
	Originally Submitted 2007 AR on 5/10/07		05/10/07 90419 002
			\$50.00
	07 FF \$50		500119551975
	08 FF \$138.75	REINSTATEMENT	08-08-01019-009 **138.75
		07-08	[Signature]

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 02-18-08

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

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DIVISION OF CORP
REGISTRATION SECTION

ATT MRS BRENDA T.

AFTER THE CONVERSATION WE ARE HAVE BY PHONE REFERENT THE
CREDIT IN MY CORPORATION NUMBER #106000039619, FOR THE PAYMENT
THE RENUW THE ANNUAL REPORT FOR 2007.

IT IS MY SURPPRISE YOUR HAVE THE PAYMENT BUT NOT THE ANNUAL
REPORT, ALSO I AM SENT TO YOUR OFFICE TWICE THE REPORT BY MAIL.

IN THIS MOMENT MY CORPORATION IS INACTIVE, I HAVE PROBLEMS IN
MY BUSINESS FOR THIS SITUATION.

MY PAYMENT IS FOR 2007 WITH THE FEE IN 2007.

PLEASE REVIEW MY CORPORATION AND CHANGE FOR ACTIVE.

A handwritten signature in black ink, appearing to read 'Raúl Ferra', with a large, stylized loop at the beginning.

RAÚL FERRA
GENERAL MANAGER