

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JAN -3 PM 7:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L06000047023**

1. Limited Liability Company's Name

SUPERSPORT MEDIA LLC

CR2E041 (12/13)

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

7460 SW 70 TERRACE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33143

Country

USA

Zip

Country

4. State/Country of Formation

FLA.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

72-1616369

☐ 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

KEYVAN HEYDARI

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

7460 SW 70 TER

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33143

E-mail Address:

300255222743
01/03/14--01017--009 **243.75

INFO @ SUPERSPORTMEDIA - com

(To be used for future annual report notices)

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

K Heydari

Date

DEC. 15, 2013

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	SCOTT DININ	921 NE 71 ST MIAMI	MIAMI, FL 33138

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of
Authorized Person

K Heydari

Date

DEC 15, 2013

Daytime Phone #

305 776-2100

Typed or printed name of signing Authorized Person