

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000047920

1. Limited Liability Company's Name

VILLAGEDPC, LLC

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

20900 NE 30th AVE

Suite, Apt. #, etc.

200

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

20900 NE 30th AVE

Suite, Apt. #, etc.

200

City & State

AVENTURA, FL

Zip

33180

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

☐ 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

JOEL BARY

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

20900 NE 30 TH AVE

Suite, Apt. #, Etc

200

City

AVENTURA

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date 07/14/10

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
MGRM	BRENETTE INVESTMENTS, LLC	20900 NE 30th AVE #200	AVENTURA, FL, 33180
MGR	PONS, DAVID	20900 NE 30th AVE #200	AVENTURA, FL, 33180
MGR	BARY, JOEL	20900 NE 30th AVE #200	AVENTURA, FL, 33180

REINSTATEMENT 07-10AL

11. E-mail Address: accounting@latinmedios.com

(To be used for future annual report notifications)

12. 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

Date 07/14/10

Daytime Phone # 305-479-0900

Typed or printed name of signing Managing Member/Manager JOEL BARY