

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL 14 AM 11:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000116048

1. Limited Liability Company's Name

Bainbridge Magazine Investors, LLC

W09-27211

100156844251
06/05/09--01004--003 **282.50
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
12765 W. Forest Hill Blvd.

3. Mailing Office Address
12765 W. Forest Hill Blvd.

Suite, Apt. #, etc.
1307

Suite, Apt. #, etc.
1307

City & State
Wellington, FL

City & State
Wellington, FL

Zip Country
33414 USA

Zip Country
33414 USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida 12/5/06

6. FEI Number
20-2993998

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
Jeffrey A. Deutch, P.A.

Street Address (P.O. Box Number is Not Acceptable)
7777 Glades Road

Suite, Apt. #, Etc.
Suite 300

City
Boca Raton

State Zip Code
FL 33434

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 _____

Date _____

REGISTERED AGENT MUST SIGN

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
MGR	Bainbridge Manager, LLC	12765 W. Forest Hill Blvd	Suite 1307 Wellington, FL 33414

L. SELLERS

JUL 15 2009

EXAMINER

REINSTATEMENT

100156844251
07/14/09--01026--001 **138.75

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 _____

Date _____

Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager _____