

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 NOV 17 AM 11:54

DOCUMENT # **L 07 000021414**

1. Limited Liability Company's Name

**MRA Radio spot, LLC**

**REINSTATEMENT** *2008-09 804*

CR2E041 (10/08)

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

**5965 Lincoln circle w.**

Suite, Apt. #, etc.

3. Mailing Office Address

**5965 Lincoln circle w.**

Suite, Apt. #, etc.

City & State

**Lake worth FL**

Zip

**33463**

Country

**U.S.A**

City & State

**Lake worth**

Zip

**33463**

Country

**U.S.A**

4. State/Country of Formation

**FL, U.S.A**

5. Date Organized or Qualified  
To Do Business in Florida

**02/26/2007**

6. FEI Number

**20-8512742**

☒ Applied For  
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

8. Name and Address of Current Registered Agent

Name

**Hitler Este Font**

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

**5965 Lincoln circle West**

Suite, Apt. #, Etc.

City

**Lake worth**

State

**FL**

Zip Code

**33463**

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 **11-04-09**

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	Hitler Este Font	5965 Lincoln circle w.	Lake worth FL 33463
MGRM	Guirlande I Este Font	5965 Lincoln circle w.	Lake worth, FL 33463

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 **11/04/09**

Daytime Phone #

**561-460-1583**

Typed or printed name of signing Managing Member/Manager