## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY  FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS			FILED SECRETARY OF STATE, BIVISION OF BORPORAHUNS		
DOCUMENT # LO 700064339  1. Limited Liability Company's Name			11 JAN 13 PM 1:21		
Commercial leads. Med LLC			CR2E041 (05/10)		
2. Principal Office Address -No P.O. Box#	3. Mailing Office Address		CR2E041 (US/10)		
3948 ThirdSl. South	Same		4. State/Country of Formation		
Suite, Apt. #, etc. Suite, Apt. #, etc.			FC, USA		
			5. Date Organized or Qualified To Do Business in Florida		
City & State City & State		6/19/2001			
Jacksmuille Bood I			6. FEI Number Applied For Not Applicable		
Zip Country	Zip	Country		2588150	Not Applicable
32250 USA			7. CERTIFICATE		IO Additional Fee required in a Certificate of Status
8. Name and Address of Current Registered Agent					
Name					
USA-RA LLC					Î
Street Address (P.O. Box Number is Not Acceptable)			700191331597		
Suite, Ant. # Etc. 11			700191331597 01/13/1101031012 **238.75		
Surre, Apr. *, Era.					
City Jacks Nyste 1 State Zip Code FL 3207					
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 1/1/2011					
10 Name - 10 Add					
10. Names and Street Addresses of Managing Mer	npers/Managers	MA A A d 6 F* 11			· · · · · · · · · · · · · · · · · · ·
Titles Name of Managing Members/ Managi	era	Street Address of Each Managing Member/Mana		City / Stet	e / Zip
Mgr Dave Franklin					
PEDIOTATEMENT )					
REINSTATEMENT JOIL					
11. E-mail Address: Operations (C) commercial leads, Net					
(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					
filling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 6 8,406, F.S., and that all fees owed by the limited-liability company have been page. 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 Menagling Member/Manager Date 111 2011 Daytime Phone # 904-543.9606					
Typed or printed name of signing Managing Member/Manager Dave Trankling					