

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2010 MAR 16 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600171036506  
03/02/10--01041--009 \*\*243.75

CR2E041 (11/09)

DOCUMENT # L070000 75411

1. Limited Liability Company's Name

PHX Media Group LLC  
W10-11288

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

11111 Biscayne Blvd

Suite, Apt. #, etc.

656

3. Mailing Office Address

11111 Biscayne Blvd

Suite, Apt. #, etc.

656

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33181

Country

USA

Zip

33181

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

7/23/2007

6. FEI Number

APPLIED FOR

☒ 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

PAUL H. GIMENEZ

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

11111 Biscayne Blvd

Suite, Apt. #, Etc.

656

City

MIAMI

State

FL

Zip Code

33181

☐ 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.

600171036506

03/15/10--01052--020 \*\*272.50

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

Paul H. Gimenez

REGISTERED AGENT MUST SIGN

Date 2/25/10

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
MGR.	PAUL H. GIMENEZ	11111 Biscayne Blvd #656	MIAMI, FL. 33181

REINSTATEMENT-08-10

08-2010

11. E-mail Address: phx.gimenez@gmail.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

Paul H. Gimenez

Date 2/25/10

Daytime Phone #

954-684-7945

Typed or printed name of signing Managing Member/Manager