

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2025 FEB 12 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000061445

1. Limited Liability Company's Name
INTERNATIONAL NEWS MEDIA, LLC

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

11 Castle Harbor Is

Suite, Apt. #, etc

City & State

Fort Lauderdale

Zip

33308

Country

USA

3. Mailing Office Address

11 Castle Harbor Is

Suite, Apt. #, etc

City & State

Fort Lauderdale

Zip

33308

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

06/24/2009

6. FEI Number

27-0436729

000444604340

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

RICARDO CARDENAS

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

11 Castle Harbor Is

Apt. #, Etc

City

Fort Lauderdale

State

FL

Zip Code

33308

000444604340

02/12/25-01001-022 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **01/31/2025**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	RICARDO CARDENAS	11 Castle Harbor Is	Fort Lauderdale

11. E-mail Address. **ricardo@mediapgroup.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

01/31/2025

Daytime Phone #

(786)399-1102

Typed or printed name of signing authorized representative/member

RICARDO CARDENAS

DM 2/12/25