

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
TALLAHASSEE, FLORIDA

13 JUL 12 AM 9:36

DOCUMENT # **L1 0000009543**

1. Limited Liability Company's Name
Mediahampton, LLC.

REINSTATEMENT 11-13

CR2E041 (1/11)

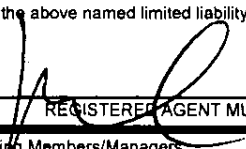
2. Principal Office Address - No P.O. Box # 1112 Oxford Lane		3. Mailing Office Address 1112 Oxford Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, FL		City & State Naples, FL	
Zip 34105	Country USA	Zip 34105	Country USA

4. State/Country of Formation FL/Collier	
5. Date Organized or Qualified To Do Business in Florida 01/25/10	
6. FEI Number 27-1780347	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name John Leonard			
Street Address (P.O. Box Number is Not Acceptable) 1112 Oxford Lane			
Suite, Apt. #, Etc.			
City Naples		State FL	Zip Code 34105

E-mail Address: 800249748518 07/12/13--01040--013 **516.25 john@mediahampton.com (To be used for future annual report notices)

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 
REGISTERED AGENT MUST SIGN

Date **07/08/13**

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	John Leonard	1112 Oxford Lane	Naples, FL 34105
			JUL 15 2013
			T. CARTER

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. 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 Managing Member/Manager 

Date **07/08/13**

Daytime Phone # **631-375-9944**

Typed or printed name of signing Managing Member/Manager **John Leonard**