

L10000121721

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM
DIVISION OF STATE CORPORATIONS

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

12 FEB -1 AM 11:31

DOCUMENT # L10000121721

1. Limited Liability Company's Name

Call Street Publications, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1500 Mahan Drive		3. Mailing Office Address 1500 Mahan Drive	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32308	Country U.S.A.	Zip 32308	Country U.S.A.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/23/2010	
6. FEI Number 45-2766189	<input type="checkbox"/> 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 Robert L. Nabors	
Street Address (P.O. Box Number is Not Acceptable) 1500 Mahan Drive	
Suite, Apt. #, Etc. Suite 200	
City Tallahassee	State FL Zip Code 32308

E-mail Address:
200219415942
01/24/12--01028--009 **238.75
Rnabors@ngnlaw.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

Robert L. Nabors

REGISTERED AGENT MUST SIGN

200219415942
02/01/12--01022--008 **138.75

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	Robert L. Nabors	1500 Mahan Drive, Suite 200	Tallahassee, Florida 32308

REINSTATEMENT 2011, 2012

REINSTATEMENT

Self

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

Robert L. Nabors

Date

1/20/12

Daytime Phone #

850-322-4038

Typed or printed name of signing Managing Member/Manager Robert L. Nabors

B Tardack FEB 02 2012