

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000007864

1. Limited Liability Company's Name

MEDIA 1 DIRECT, LLC

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

444 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 51-506

City & State

MIAMI, FL

Zip

33131

Country

US

3. Mailing Office Address

444 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 51-506

City & State

MIAMI, FL

Zip

33131

Country

US

8. Name and Address of Current Registered Agent

Name

DAVID GREENBERG

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

444 BRICKELL AVENUE

Apt. #, Etc.

SUITE 51-506

City

MIAMI

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **6/3/2016**

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
MGRM	LAUSTED, CHARLES	444 BRICKELL AVENUE, STE 51-506	MIAMI, FL 33131
PRES	GREENBERG, DAVID	444 BRICKELL AVENUE, STE 51-506	MIAMI, FL 33131

REINSTATEMENT

2015-2016

S. HAWKES

JUN - 6 A.M.

EXAMINER

11. E-mail Address: **david@media1direct.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

[Signature]

Date

6/3/16

Daytime Phone #

305-389-2238

Typed or printed name of signing authorized representative/member

DAVID GREENBERG, PRESIDENT

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16 JUN - 6 PM 1:51
SECRETARY OF STATE
FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/19/2011

6. FEI Number

27-4608220

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

100286567581

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 6/6/16

NAME: MEDIA 1 DIRECT LLC

TYPE OF FILING: REINSTATEMENT

COST: 377.50

RETURN: PLAIN COPY PLEASE

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE


