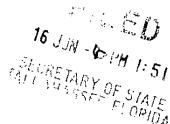
. PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENTOF STATE Secretary of State

DIVISION OF CORPORATIONS



DOCUMENT # L11000007864 1. Limited Liability Company's Name						THE STATE OF STATE	
MEDIA 1 DI	RECT, LLC					•	
444 BRICKELL AVENUE 44 Suite, Apt. \$1, etc. 5t SUITE 51-506 SI City & State Ci		3. Mailing Office Address 444 BRICKELL AVENUE Suite, Apt. #, etc.		CR2E041 (1/14) 4. State/Country of Formation FLORIDA			
		SUITE 51-506 City & State MIAMI,FL			5. Date Organize	Date Organized or Qualified To Do Business in Florids 01/19/2011	
					6. FEI Number Applied For 27-4608220 Not Applied be		
Zip	Country	Zip	- 1	untry	7. CERTIFICATE OF ST	TOUT TO PRODUCE	
33131	US	33131	U	S			
Name	8. Name and Address	of Current Registered	I Agent				
DAVID GREENBERG Street Address (P.O. Box Number is Not Acceptable) Suite, 444 BRICKELL AVENUE						100285567581	
Apt. #, Etc. SUITE 51-506							
City MIAMI			FL	Zip Code 33131			
9. I, being ap	pointed the registered agent of the abo	ove named limited liability	y company,	anı familiar with and	accept the obligations of		
Registered Age	nt	REGISTERED AGENT MUS	T SIGN		<u></u>	Date 6/3/2016	
10. Names and	Street Addresses of Authorized Repres	ientatives/Managers			· · · · · · · · · · · · · · · · · · ·		
Titles	Name of Authonzed Representatives Managers	/	Street Address of Each Authorized Representative/ Manager			City / State / Zip	
MGRM	LAUSTED, CHARL	ES 444	444 BRICKELL AVENUE, STE 51-			MIAMI, FL 33131	
PRES	GREENBERG, DAV	/ID 444	BRICK	ELL AVENUE	, STE 51-506	MIAMI, FL 33131	
I	REINSTAT	EMEN	IT			S. HAWKES	
	3015-0	volle				JUN - 3 A,M,	
11, E-mail Addı	ress; david@media1direct.	com				EXAMINER	
certify that whe 605.0012, F.S. shall have the s	en filing this reinstatement application , and that all fees owed by the limited	manager or the receiver the reason for dissolut dilability company have	or trustee on has bee been paid,	n eliminated, the lin Frie information inc	ute this application as nited liability company licated on this applicati	provided for in Chapter 605, F.S. I further name satisfies the requirement of section ion is true and accurate, and my signature nent of State constitutes a third degree	
•	thorized representative/member	DAI	/ID CPS	Date Date	Dayl	time Phone # 305-389-2238	
Typed or printe	d name of algning authorized repres	entative/member UAN	יור טוני	LINDENG, PI	/COIDEN!		

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 I DIRECT LLC

TYPE OF FILING: REINSTATEMENT

COST:

377.50

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION:

ABBIE/PAL