

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

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

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

*David Greenberg*  
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

*David Greenberg*

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  
TALLAHASSEE FLORIDA

**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**

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**DATE: 6/6/16**

**NAME: MEDIA 1 DIRECT LLC**

**TYPE OF FILING: REINSTATEMENT**

**COST: 377.50**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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