

**REINSTATEMENT**  
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L12000117133

1. Limited Liability Company's Name  
**Frigate Media LLC**

**FILED**

**13 OCT 24 PM 4:03**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**400253199774**  
10/24/13--01028--006 \*\*113.75  
CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <b>155 Ocean Lane Dr</b>		3. Mailing Office Address <b>155 Ocean Lane Dr</b>	
Suite, Apt. #, etc. <b>Apt 501</b>		Suite, Apt. #, etc. <b>Apt 501</b>	
City & State <b>Key Biscayne</b>		City & State <b>Key Biscayne</b>	
Zip <b>33149</b>	Country <b>USA</b>	Zip <b>33149</b>	Country <b>USA</b>

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida **09/12/2012**

6. FEI Number <b>461918052</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**Alejandro Servalli**

Street Address (P.O. Box Number is Not Acceptable)  
**155 Ocean Lane Dr**

Suite, Apt. #, Etc.  
**Apt 501**

City <b>Key Biscayne</b>	State <b>FL</b>	Zip Code <b>33149</b>
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E-mail Address:

**10/10/13--01019--023 \*\*125.00**

**Aservalli001@gmail.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

*[Signature]*

Date **10/22/13**

REGISTERED AGENT MUST SIGN

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	<b>Alejandro Servalli</b>	<b>155 Ocean lane Dr Apt 501</b>	<b>Key Biscayne FL 33149</b>

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

*[Signature]*

Date **10/22/13**

Daytime Phone # **305-431-3526**

Typed or printed name of signing Managing Member/Manager

OCT 24 2013