## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE  Secretary of State  DIVISION OF CORPORATIONS	15 OCT -6 AM 8: 33
DOCUMENT # 6/30000 1. Limited Liability Company's Name  Medica   Multimedia  LLC		MASSIE
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	CR2E041 (1/14)
3536 Premier Dr	3534 Prenici De	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	F/ USA
City & State	City & State	5. Date Organized or Qualified To Do Business in Florida
Casselberry F1		6. FEI Number Applied For Vot Applicable
Zip Country	Zip Country	
32707 USA	32707 USA	7. CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a certificate of status
8. Name and Address Name	of Current Registered Agent	1
Tock! Myrc Street Address (P.O. Box Number is Not Acceptable) Suite	į.	,
Apt. *, Etc.		
City	State Zip Code	700277866ns
Casselberry	FL 33フッフ	10/06/1501019017 **238.75
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ਹ. ।, peing appointed the registefed agent of the abov	ve named limited liability company, am familiar with and acc	ept the obligations of Chapter 605, F.S.
Signature of Registered Agent	ve named limited liability company, am familiar with and acc REGISTERED ACENT MUST SIGN	papt the obligations of Chapter 605, F.S.  Date
Signature of Registered Agent	REGIST <del>ERED</del> AGENT MUST SIGN	9/24/1-
Signature of Registered Agent	REGISTERED AGENT MUST SIGN entatives/Managers Street Address of Each Authorized Representati	Date 9/24/15
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/ Name of Authorized Representatives/ Managers	REGISTERED AGENT MUST SIGN entatives/Managers Street Address of Each Authorized Representati	Date 9/24/15
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/  Name of Authorized Representatives/  Managers	REGISTERED AGENT MUST SIGN entatives/Managers Street Address of Each Authorized Representati	Date 9/24/15
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/  Name of Authorized Representatives/  Managers	REGISTERED AGENT MUST SIGN entatives/Managers Street Address of Each Authorized Representati	Date 9/24/15  City/State/Zip  Dr Casse/Kerry F/ 32707
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/  Titles  Name of Authorized Representatives/ Managers  MGRM  Todal Myrc.	entatives/Managers  Street Address of Each Authorized Representation Manager  353 6 Prenici	Date 9/24/15  City/State/Zip  Dr Casse/Kerry F/ 32707
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/  Titles  Name of Authorized Representatives/ Managers  MGRM  Todal Myrc.	entatives/Managers  Street Address of Each Authorized Representation Manager  353 6 Prenice	Date 9/24/15  City/State/Zip  Dr Casse/Kerry F/ 32707
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/  Titles  Name of Authorized Representatives/ Managers  MGRM  Todal Myrc.	entatives/Managers  Street Address of Each Authorized Representation Manager  353 6 Prenice	Date 9/24/15  City/State/Zip  Dr Casse/Kerry F/ 32707
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/ Managers  MG-RM Todal Myrc.  REINSTA	entatives/Managers  Street Address of Each Authorized Representatives/Manager  353 6 Prenic	Date 9/24/15
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/ Managers  MG-RM Todal Myrc.  REINSTA	Street Address of Each Authorized Representative Manager  3536 Prenici	Date 9/24/15  City/State/Zip  Dr Cauckerry F/ 32707  S. HAWKES  OCT 7-A.M.  EXAMINER
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/ Managers  MG-RM Todal Myrc.  REINSTA  11. E-mail Address: Tacks Myrc.  12. I certify that I am an authorized representative/ model that when filling this reinstatement application of 605,0012, F.S., and that all fees owed by the limited shall have the same legal effect as if made under out felony as provided for in s. 817.155, F.S.	Street Address of Each Authorized Representative Manager  353 6 Penic  TEMENT  (To be used for future annual report notification an ager or the receiver or trustee empowered to execute the reason for dissolution has been eliminated, the limite his time an aware that false information submitted in a docute.	City/State/Zip  City/State/Zip  Cauc/berry F/ 3270  S. HAWKES  GCT 7- A.M.  EXAMINER  Inthis application as provided for in Chapter 605, F.S. I further dilability company name satisfies the requirement of section sted on this application is true and accurate, and my signature ment to the Department of State constitutes a third degree
Signature of Registered Agent  10. Names and Street Addresses of Authorized Representatives/ Managers  MG-RM Todal Myrc.  REINSTA  11. E-mail Address: Tacks Myrc.  12. I certify that I am an authorized representative/ certify that when filing this reinstatement application in 605.0012, F.S., and that all fees owed by the limited shall have the same legal effect as if made under out of the same legal effect as if the same legal effect as if the same legal effect as if the same l	Street Address of Each Authorized Representation Manager  353 6 Prenic  TEMENT  (To be used for future annual report notification are reason for dissolution has been eliminated, the limite liability company have been paid. The information indication in the transverse that false information submitted in a document of the control of the	City / State / Zip  Cauc/Gerry F1 3270  S. HAWKES  GCT 7-A.M.  EXAMINER  This application as provided for in Chapter 605, F.S. I further dilability company name satisfies the requirement of section and on this application is true and accurate, and my signature