

277.50

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

08 SEP 18 PM 1:38

 TAMA BROADCASTING, INC.
 TAMPA, FLORIDA

DOCUMENT # L96000000104

1. Limited Liability Company's Name

TAMA GROUP, L.C.

REINSTATEMENT 02-08

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 407 N. HOWARD AVENUE		3. Mailing Office Address 407 N. HOWARD AVENUE	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200	
City & State TAMPA, FLORIDA		City & State TAMPA, FLORIDA	
Zip 33606	Country USA	Zip 33606	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida JANUARY 24, 1996	
6. FEI Number 65-0688552	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name BUSH ROSS REGISTERED AGENT SERVICES, LLC			
Street Address (P.O. Box Number is Not Acceptable) 1801 N. HIGHLAND AVENUE			
Suite, Apt. #, Etc.			
City TAMPA, FLORIDA	State FL	Zip Code 33602	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

 J. Cant Anderson, V.P.
 REGISTERED AGENT MUST SIGN

Date 9.17.08

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	TAMA BROADCASTING, INC.	407 N. HOWARD AVE., SUITE 200	TAMPA, FLORIDA 33606

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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.

Signature of
Managing Member/Manager

Ted Bolton

Date 9/16/08 Daytime Phone # 813-259-4867

Typed or printed name of signing Managing Member/Manager BY: DR. TED BOLTON, PHD, CEO OF TAMA BROADCASTING INC.