

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99-703

1. Limited Liability Company's Name

Broadcast Capital Group, LLC

REINSTATEMENT

2000

2. Principal Office Address

860 US Hwy one

Suite, Apt. #, etc.

108

City & State

NORTH PALM BEACH, FL

Zip

33408

Country

PAKM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

4. State/Country of Formation

FLA / USA

**5. Date Organized or Qualified
To Do Business in Florida**

1999

6. FEI Number

65-0900656

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kevin Hesse

Street Address (P.O. Box Number is Not Acceptable)

860 US Hwy one

Suite, Apt. #, Etc.

108

City

NORTH PALM BEACH

State

FL

Zip Code

33408

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]
REGISTERED AGENT MUST SIGN

Date

12/22/00

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
MEM	Kevin Hesse	860 US Hwy one #108 N. Palm Beach, FL	NORTH PALM BEACH,
MEM	ERIC MATHE	"	Florida 33408
			"

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

[Signature]

Date

12/22/00

Daytime Phone #

561/694-1280

Typed or printed name of signing Managing Member/Manager

KEVIN HESSEE