

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

DOCUMENT #

L99000005024

1. Limited Liability Company's Name

MERCURY MEDIA GROUP OF AMERICA

REINSTATEMENT 2000

2. Principal Office Address

508 CENTRAL AVENUE
Suite, Apt. #, etc.

3. Mailing Office Address

508 CENTRAL AVENUE
Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

Zip

34236

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0952016

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

CHRIS PAPAIOANNOU

500003456245

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

508 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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 OCT. 20, 2000

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	GEORGE KANGLES	2408 BAY DRIVE	SARASOTA, FL 34232
MGRM	CHRIS PAPAIOANNOU	2408 BAY DRIVE	SARASOTA, FL 34232

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

OCT 20/2000

Daytime Phone #

941-587-5722

Typed or printed name of signing Managing Member/Manager