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

02 JAN -4 PM 12:55

DOCUMENT # L 99000009116

1. Limited Liability Company's Name

MEDIA NOCHE CONSULTING, (LLC)

2. Principal Office Address: 1623 Collins Ave
Suite, Apt. #, etc.: 214
City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA

3. Mailing Office Address: 1623 Collins Ave
Suite, Apt. #, etc.: 214
City & State: MIAMI BEACH, FL
Zip: 33139 Country: USA

4. State/Country of Formation: FL., USA

5. Date Organized or Qualified To Do Business in Florida: 12-22-99

6. FEI Number: 65-1010281 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: ALBERT M. SOTO
Street Address (P.O. Box Number is Not Acceptable): 1623 Collins Ave
Suite, Apt. #, Etc.: 214
City: MIAMI BEACH State: FL Zip Code: 33139

000004768560--7
-01/11/02--01026--027
****150.00 ****150.00

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: Albert M. Soto Date: 12-29-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGR	Albert M. Soto	1623 Collins Ave # 214	MIAMI BEACH FL 33139
			Rein 100
			UBR 50
	REINSTATEMENT	2001	150 mp

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: Albert M Soto Date: 12-29-01 Daytime Phone #: 305 695-8024

Typed or printed name of signing Managing Member/Manager: Albert M. Soto