## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. SFORE ADDRESS.

LIMITED LIABILITY COMPANY REINSTATEMENT	Secreta	RTMENT OF STATE iry of State corporations		OF JAN 24	- 17日 9
DOCUMENT # MOCO		259			
PITE MEISIA SC 2. Principal Office Address LIBO W. MONTYOSK S- Suite, Apt. #, etc. City & State Cley mont, FL Zip Country 3 4 711 USA	3. Mailing Office Addr	BSS	4. State/Count  5. Date Organ To Do Busi	ized or Qualified along in Florida along and along and along along and along another along and along another along and along another along ano	Applied For Not Applicable ditional Fee required ertificate of Status
8. Name and Address of Current Registered Agent					
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.  City Clermont Ci					
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  REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Mer	nbers/Managers				
Titles Name of Managing Members/Manag	ers	Street Address of Each Managing Member/Manager		City / State / Zi	p
Mgrm Rite Media Enterprise le		ic 1.30 w. Montrose St		Clarmont. F	1 39711
		9 - 2 - 2	, '	11.01- (	06
11. I certify that I am managing member/manager of filing this reinstatement application the reason for all fees owed by the limited liability company have as if made under oath.  Signature of Managing Member/Manager	r dissolution has been elim	inated, the limited liability com-	pany name satisfies is true and accura	s the requirements of section 608.44	06, F.S., and that same legal effect
Typed or printed name of signing Managing Member					