

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 MAY 13 AM 9:58

DOCUMENT # M00000000902

1. Limited Liability Company's Name

NEWSTRONET INTERACTIVE, LLC

200005638762--2
-05/30/02--01008--008
****205.00 ****205.00

2. Principal Office Address

PO BOX 510854

Suite, Apt. #, etc.

3. Mailing Office Address

219 SALT GRASS PL.

Suite, Apt. #, etc.

City & State

MELBOURNE BCH.

City & State

MELBOURNE BCH

Zip

32951

Country

US

Zip

32951

Country

US

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

58-2367697

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

MARK MAYO

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

219 SALT GRASS PL.

Suite, Apt. #, Etc.

City

MELBOURNE BEACH

FL.

State

FL

Zip Code

32951

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

5/9/02

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
CEO	MIKE SNORE	380 PILGRIMAGE POINT	ALPHARETTA, GA 30309
EVF	MARK MAYO	219 SALT GRASS PL.	MELB. BCH, FL 32951

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

5/9/02

Daytime Phone #

321-729-8451

Typed or printed name of signing Managing Member/Manager

MARK C. MAYO

CR2ED41 (9/01)