


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000003015
1. Limited Liability Company's Name
MEDIAEDGE: CIA, LLC

BK

CR2E041 (1/07)

FILED
 07 JUN 22 AM 9:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address - No P.O. Box # 825 Seventh Avenue		3. Mailing Office Address 825 Seventh Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New York, New York		City & State New York, New York	
Zip 10019	Country USA	Zip 10019	Country USA

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida **11/13/02**

6. FBI Number 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
United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
9200 South Dadeland Blvd.

Suite, Apt. #, Etc.
Suite 508

City
Miami

State
FL

Zip Code
33156

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 *Thomas O. Neuman* Date 06/22/07
REGISTERED AGENT MUST SIGN

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	Thomas K. Handy	825 Fifth Avenue	New York, New York 10019
MGR	Charles Courtier	825 Fifth Avenue	New York, New York 10019
MGR	Mary Ellen Howe	125 Park Avenue	New York, New York 10017
MGR	Thomas O. Neuman	125 Park Avenue	New York, New York 10017

REINSTATEMENT 2004-2007

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 608.408, 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 *Thomas O. Neuman* Date 06/18/07 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **Thomas O. Neuman - Manager**

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