

M02000003015

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 FEB 22 AM 09:56

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

500170074985
 02/22/10--01007--004 **446.25
 CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
40 WPP, 125 Park Ave.
 Suite, Apt. #, etc.
472 Fl.
 City & State
New York, NY
 Zip
10017 Country
USA

3. Mailing Office Address
40 WPP, 125 Park Ave.
 Suite, Apt. #, etc.
472 Fl.
 City & State
New York, NY
 Zip
10017 Country
USA

4. State/Country of Formation
Delaware
 5. Date Organized or Qualified To Do Business in Florida
11/13/02
 6. FEI Number
05-0542556 Applied For
 Not Applicable
 7. CERTIFICATE OF STATUS DESIRED

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 _____ Date **2/19/10**
 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 O. Neuman	40 WPP, 125 Park Ave, 472 Fl.	New York, NY 10017
Mgr	Mary Ellen Howe	40 WPP, 125 Park Ave, 472 Fl.	New York, NY 10017
Mgr	Charles Cortier	40 WPP, 125 Park Ave, 472 Fl.	New York, NY 10017

REINSTATEMENT 2008-2010

11. E-mail Address: **docuff@wpp.com** (To be used for future annual report notifications)

12. 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 to 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 unit or oath.

Signature of Managing Member/Manager: **Thomas O. Neuman** Date: **2/19/10** Daytime Phone #: **212-632-2200**
 Typed or printed name of signing Managing Member/Manager: **Thomas O. Neuman**